



Student's Personal Details:	
Full Name:	
Student ID:	
Phone No:	
Email:	
Address:	

Application for Release

Course Details:	
Course Code and Name:	
Course start date:	Release effective from:
Student Declaration	

- I understand that this application does not guarantee the issue of a release.
- I understand that I must provide the necessary documents requested by CIT (including an offer letter from another provider).
- I understand that I must maintain my enrolment at Cornell Institute of Training while the application is being processed.
- I declare that all the information provided in this form is accurate and correct and no false/fake document has been attached.
- I acknowledge that I have read and understood all the requirements for this request.
- I acknowledge that I understand all the relevant policies and procedures regarding this change, including CIT's refund policy.
- I acknowledge that I have been advised to contact Department of Home Affairs regarding any potential visa changes to the student visa.
- I understand that I must pay my all dues as one of the requirements for getting a release.
- I am aware of my appeal rights.
- I understand that I must discuss the issue with the student support officer before applying for the release.
- I understand that processing time for the application for the release is 10 working days.

Student Signature: _____ Date: _____



Office use only			
Finance check:		Date:	
Outcome of the request:	<input type="checkbox"/> Release granted	<input type="checkbox"/> Release not granted	
Reason for the decision:			
Processed by:		Date:	