



APPLICATION FOR COURSE DISCONTINUATION

1. Instruction

Use this form to request a Discontinuation from your course.

> **This form must be completed in full and returned by mail or in person to the OFM Student Administration Office. This form CANNOT be emailed.**

O'Halloran Fire & Medical Pty Limited
Student Administration Office
P.O. Box 303
Horsley Park 2175 Australia

Ph: 1300 72 1444

2. Your Details

Have you commenced your course: Yes No Student Number: _____

Year/s of study: _____ e.g. Jan23-Jun23

Name: _____
First Name Middle Name/s Family Name

Current Address: _____

Date of Birth: _____ Phone: _____ E.Mail: _____
(dd / mm / yyyy)

3. Course Details

Course Code: _____ Course Name: _____

4. Details of Discontinuation

I want to Discontinue from my course on: _____
(dd / mm / yyyy) This must be today's date or a future date. Use the first day of the next semester if you intend to complete the current semester.

Please tell us why you are discontinuing from your course. _____

Have you sought advice about your decision to discontinue from your course?
 Yes No If Yes, from whom? _____

5. Applicant Declaration

I declare that the information contained in this form is true and correct and understand that students who voluntarily discontinue from a course at OFM and wish to be readmitted, must reapply for entry through the relevant competitive selection process.

Applicants Signature: _____ Date: _____

6. Administration Use Only

Accepted Rejected Comments _____

e.Mail Sent _____

Letter Sent Processed by: _____ Date: _____

DO NOT EMAIL THIS FORM. Return by mail or in person to the OFM Student Administration Office.

www.ofm.edu.au

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