



MIT  
INSTITUTE

## Cancellation Request Form

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Country: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Original End Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

**Reason(s) for withdrawing** – provide supporting documentation (eg. Visa refusal letter, Medical certificate):

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### Cancellation Policy Agreement

I, \_\_\_\_\_, agree that MIT Institute will provide no refund or transfer for the course enrolled after the commencement date.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### OFFICE USE ONLY

Supporting Documents Received  Scanned & Uploaded

Changed Date: \_\_\_\_\_ Administrator Sign: \_\_\_\_\_