

Media Design School

Student Initiated Transfer/Withdrawal Form

DOMESTIC STUDENT INTERNATIONAL STUDENT

SECTION 1- STUDENT DETAILS

FULL NAME: _____

STUDENT ID NUMBER: _____

QUALIFICATION: _____

COURSE START DATE: _____

CONTACT DETAILS:

MOBILE: _____

EMAIL: _____

RESIDENTIAL ADDRESS:



Media Design School
10 Madden Street
Wynyard Quarter
Central Auckland 1010
+64 9 303 0402
mediadesignschool.com

MDS supports the right of students to withdraw from a programme of study. Students are required to follow the procedure for withdrawal. MDS has specific rules regarding when a refund will be granted and the amount that will be paid, which are related to the reasons for, and the timing of, a student's withdrawal request. Please refer to the [Withdrawal and Refund Policy](#)

SECTION 2 - SELECT SITUATION

1. WITHDRAWAL - Due to a change of personal circumstances, e.g. relocation to a different city or country. The student's enrolment is cancelled.
2. TRANSFER TO NEW QUALIFICATION - Withdrawal from current enrolment and reapply for admission to a different qualification in the next intake
3. RESTART TRANSFER - Withdrawal from current enrolment and reapply for admission to restart the same qualification in the next intake
4. TRANSFER TO FIRST CHOICE ENROLMENT - Current enrolment is not first choice due to MDS not offering the qualification initially enrolled in at the previous intake. Withdraw from current enrolment and transfer to next available intake for first qualification choice
5. LEAVE OF ABSENCE – A temporary break from a student's programme of studies, usually for personal reasons, e.g. to get married; take an extended holiday; or care for a dependent for a short period of time. Assessed on a case-by-case basis. Depending on the duration, the student's enrolment may be cancelled.
6. COMPASSIONATE TRANSFER - Leave programme at the time at which exceptional circumstances arose and transfer to the next intake to complete unfinished component

SECTION 3 – REASON for the selected situation

Academic Reason	Moving out of New Zealand
Change of course	Personal reasons
Financial hardship	Family related
Medical condition	Visa related
Mental health	Work full-time
Take a break	Other (provide details below)

SECTION 4 – SUPPORTING EVIDENCE (Select all that apply)

1. STUDENT REQUEST LETTER (this is a mandatory requirement)
2. MEDICAL CERTIFICATE
3. ENDORSEMENT FROM OTHER HEALTH PROFESSIONAL
4. DEATH NOTICE
5. OTHER – PLEASE SPECIFY

SECTION 5 - STUDENT DECLARATION: SELECT ALL THAT APPLY

I acknowledge that I have read and understand that I am liable for all fees as invoiced, unless I withdraw by the end of the eighth calendar day (Domestic Students) or tenth working day (International Students) of the commencement date of the programme. In these cases I am entitled to receive a full refund less a deduction for costs incurred by Media Design School (MDS) as per the MDS Withdrawal and Refund Policy

I acknowledge that MDS needs to be in receipt of all payments, library books & resources belonging to the school, and that failure to return any such items will result in these being invoiced on a cost recovery plus 30% basis

I understand that MDS is obliged to notify Studylink (if a Domestic student) and that I will no longer be eligible for any student allowance I may have been receiving in relation to this course if applicable.

I understand that MDS is obliged to notify Immigration New Zealand (if an International Student) and that my visa related to this course will be cancelled if applicable

In cases of withdrawal and de-registration (if an International student) my Health and Travel Insurance Policy provider will be notified. The policy will be cancelled. If your intention is to stay in New Zealand you will need to make the necessary arrangements for your insurance.

I understand that the information I provided will be stored, used and shared according to the MDS Privacy Policy. I also understand that MDS may contact me with information relating to my request.

Student Signature _____

Date _____

OFFICE USE

Programme Leader: _____

Date _____

Associate Dean: _____

Date _____

Registrar: _____

Date _____

