

Teacher Code



Australian
Music
Examinations
Board (Vic) Ltd

WITHDRAWAL FROM EXAMINATION

Teacher's Details:

NAME:

ADDRESS:

PHONE NO:

I confirm that the following candidate has withdrawn from the examination detailed below.

CANDIDATE NAME:

CANDIDATE NUMBER:

Examination Details:

SUBJECT: GRADE:

DATE: TIME:

SESSION: CENTRE:

VENUE ADDRESS:

Reason for Withdrawal:

(A 50% refund of the entry fee is issued when a medical certificate is provided.)

MEDICAL CERTIFICATE ATTACHED (tick):

SIGNATURE:

DATE:

OFFICE USE ONLY	
COMP	
REGISTER	
OFFICE	
ADJUSTMENT	