



# NORTH WEST MUSIKON

A REGISTERED DEPARTMENT OF EDUCATION INSTITUTION

## Cancellation of Studies

Due to reasons as stated below, the undermentioned student wishes to discontinue studies at North West Musikon.

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

Instrument Studied: \_\_\_\_\_

Teacher: \_\_\_\_\_

Date of discontinuation: \_\_\_\_\_

**A music student is important to us, and we would appreciate frank comments on the reasons why you came to the decision to terminate studies: -**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature Parent/Student : \_\_\_\_\_

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

### **REPORT**

**Parent/Student Name** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No:** \_\_\_\_\_

**Instrument Returned:** \_\_\_\_\_

**Amount Outstanding:** \_\_\_\_\_

**Payment Arrangement:** \_\_\_\_\_

**Please note that should you not adhere to this payment arrangement, your account will be handed over to our**

**Attorney for collection.**

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

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

Comment Principal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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