



Deferment, Suspension or Cancellation of Enrolment Form

PERSONAL INFORMATION

Given Name(s) _____ Family Name _____
 Preferred Name _____
 Date of Birth ____/____/____ Gender Male Female Indeterminate
Day Month Year
 Student ID _____
 Student Email _____ Student Mobile _____
 Course Code and Name _____

REQUEST DETAILS

Please select ONE of the following options

TICK ONE OPTION BELOW		Date From (DD/MM/YYYY)	Date To (DD/MM/YYYY)
<input type="checkbox"/>	Deferral of Course (Prior to course commencement)	____/____/____	____/____/____*
<input type="checkbox"/>	Suspension of Course (During the current enrolment)	____/____/____	____/____/____*
<input type="checkbox"/>	Cancellation of Course (Terminate enrolment permanently)	____/____/____	N/A

* If onshore, will you be leaving Australia during the above period? No Yes (please attach a copy of your confirmed travel itinerary and flight details).

REASON FOR REQUEST

Please select ONE of the following options

TICK ONE OPTION BELOW	REASON FOR REQUEST	EVIDENCE REQUIRED
<input type="checkbox"/>	Delay in issue of student visa	Immi Account visa application-progress status update
<input type="checkbox"/>	Serious medical illness or injury	Medical certificate / hospitalization records stating inability to attend classes
<input type="checkbox"/>	Bereavement of close family members e.g. parents or grandparents	Death certificate, if possible or other evidence, such as hospitalization records, police records
<input type="checkbox"/>	Transferring to a course with another education provider **	Letter of Offer from proposed new provider
<input type="checkbox"/>	Other reason/s. Please provide details below. (Evidence may be required in support of request)	

** Do you require a release letter? No Yes (If yes, please submit a separate statement outlining your reasons for seeking to change providers together with any relevant supporting documentation and a copy of the Application for release form)

VISA INFORMATION

Should you wish to defer or suspend your course due to compassionate or compelling circumstances, you must complete this Deferment, Suspension or Cancellation of Enrolment Application Form and submit the form to The College prior to the required date of deferment, suspension or cancellation.

This written application must be accompanied by sufficient documentary evidence in support of your request, to be assessed and approved by The College.

Please note that the process of deferring, suspending or cancelling your enrolment may affect your student visa. You are therefore advised to contact the Department of Home Affairs (DHA) should you have any enquiries. DHA contact information is available on the DHA website (www.border.gov.au).

Should you return prior to the expected end date of your deferment or suspension, you must notify The College as soon as possible.

PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

1. I have provided accurate and complete information
2. I acknowledge and understand that the provision of incorrect information may lead to cancellation of my enrolment and student visa.

Signed _____ Date _____
Student

Print Name _____

Signed _____ Date _____
Parent / Guardian, if student is under 18

Print Name _____

FOR OFFICE USE ONLY

Application Assessment

Application approved? Yes No give reasons _____

Release approved (if applicable) Yes No give reasons _____

Signed _____ Date _____
PEO / Authorised Officer

Print Name _____

Administration

Student notified of application outcome (including Release, if applicable) Yes Date notified _____

PRISMS updated? Yes Date updated _____

Signed _____ Date _____
Authorised Officer

Print Name _____