

Application for Cessation, Transfer, Deferment / Suspension of Study or Leave of Absence during Enrolment

SPECIAL NOTE: Please submit your request to the Administration office by Tuesday of the week before the day you want to start. Your request later than the above date will NOT be processed by the date you requested. (This record will be kept in the student file together with documentary evidence.)

Family Name: _____ Course Starting Date: ____/____/____
 (Date) (Month) (Year)

Given Name: _____ Original Course Ending Date: ____/____/____
 (Date) (Month) (Year)

Current Address: _____ Mobile No: _____

E-mail Address: _____ Date of Birth: ____/____/____
 (Date) (Month) (Year)

Length of Course: _____ Weeks/Month/Year Course: _____

Type of Visa: _____ Course Ending Date: ____/____/____
 (Date) (Month) (Year)

Morning Class: _____ Afternoon Class: _____ Evening Class: _____

The student should be aware that deferring, suspending or cancelling your enrolment may affect your student VISA.

I wish to apply for Cessation Transfer Deferment Suspension Leave of Absence
 from ____/____/____ to ____/____/____

Reason _____

Renewed Course Starting Date ____/____/____ Proposed Course End Date ____/____/____
 (Date) (Month) (Year) (Date) (Month) (Year)

Relevant Evidential Document/s:

*Please use a separate sheet if you require more space – you may need to provide evidence of your reason

1. I understand that there will be no refund of tuition fee, enrolment fee, bank fee, accommodation placement fee, accommodation fee, text book fee and stationery fee.
2. Payment of any outstanding fees for originally enrolled study period and extended study period must be made by me immediately before this application.
3. Submitting this form does not guarantee that your application will be approved. We will assess whether your application will be approved or refused. Until the final decision will be made, you are required to stay in the current course and all student visa regulations will apply. You neither change your course nor education provider before the final decision will be made.

Student Signature: _____
 Print Name Signature (Date) (Month) (Year) Parent/Guardian Print Name Parent/Guardian Signature (Date) (Month) (Year)
(in case of under 18) (in case of under 18)

The College notifies the Secretary of the Australian Government Department of Education via PRISMS as required under section 10 of the ESOS Act where the student's enrolment is deferred, temporarily suspended, or cancelled.

Office Use Only

Today's date: _____ Renewed Course Starting Date: _____

Renewed Course End Date: _____

Report Via PRISMS: Yes No New COE: Required Not Required

Cessation Deferment / Suspension Leave of Absence _____

Assessment by: _____
 Name Title Signature Date

Reason for Approval: Compassionate or Compelling circumstances (Its Details):

Evidence/s:

Reason for Refusal:

Reason for Suspension: Student's Misconduct Others (Its Details):

Any payment outstanding until this application:

Yes How much?: _____

No

Conditions for Approval:

No refund

Others (Specify) _____

Rejected:

Suspended:

Approved:

No refund:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ Student Counsellor	_____ Marketing Manager	_____ Accounts Officer	_____ Accountant	_____ Principal/ Academic Manager	_____ CEO
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