

Application to Defer, Suspend or Cancel Enrolment Form

Student Details:			
Student ID Number: (if applicable)		Date of Birth:	
Last Name:			
First Name:			
Course Enrolled:			
Postal Address:			
Email Address:		Mobile No.	

I wish to apply to:

CANCEL my enrolment for all the courses / or

DEFER my enrolment. New course start date:

SUSPEND my enrolment. From date: To date:

Course Change Request [Please explain in detail at the below]

I am aware of the circumstances for deferral, suspension, or cancellation of my enrolment and the following is a summary of the reasons to support my application:

- Please attach all supporting documentation for your application
- Please allow 10 business days to process your request

IN SIGNING THIS APPLICATION, I ACKNOWLEDGE:

I am aware that the decision to grant my deferral, suspension, or cancellation of enrolment may affect my Student Visa. I am responsible for contacting DHA in relation to my student Visa status.

Student Name:			
Date:		Student Signature:	

Application to Defer, Suspend or Cancel Enrolment Form

Administration Use Only							
Date Application to Defer, Suspend or Cancel received							
Application received by							
If applicable- relevant supporting documents attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Has the application been approved by the Accounts Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<table border="1"> <tr> <td>Accounts Officer</td> <td></td> </tr> <tr> <td>Date of Approval</td> <td></td> </tr> <tr> <td>Signature</td> <td></td> </tr> </table>	Accounts Officer		Date of Approval		Signature		
Accounts Officer							
Date of Approval							
Signature							
Has the application been approved by the Training Coordinator?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<table border="1"> <tr> <td>Training Coordinator</td> <td></td> </tr> <tr> <td>Date of Approval</td> <td></td> </tr> <tr> <td>Signature</td> <td></td> </tr> </table>	Training Coordinator		Date of Approval		Signature		
Training Coordinator							
Date of Approval							
Signature							
Has the application been approved by the Admin Manager? Has the release letter application been approved by the Admin Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No						
<table border="1"> <tr> <td>Admin Manager</td> <td></td> </tr> <tr> <td>Date of Approval</td> <td></td> </tr> <tr> <td>Signature</td> <td></td> </tr> </table>	Admin Manager		Date of Approval		Signature		
Admin Manager							
Date of Approval							
Signature							
The appropriate government agency(s) have been notified of the result of the students' request (via PRISMS)	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Approval letter of deferment, suspension, or cancellation has been generated and sent to the student	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Application administrative tasks processed by							
Application outcome updated on accelerate by:	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Comments:							