

Application to Defer, Suspend or Cancel Enrolment

STUDENT DETAILS			
Student Name:			
Student Number ID:	SPI	Date of Birth:	
Course Enrolled:			
Address:			
Contact No.			
Email Address :			

I _____ wish to apply to:
 (Insert name)

- CANCEL my enrolment for all the courses / or _____
- DEFER my enrolment. [New course start date: _____]
- SUSPEND my enrolment. [From date: _____ to date: _____]

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

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

In signing this application, I acknowledge:		
<ul style="list-style-type: none"> • 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 DIBP in relation to my student Visa status. 		
_____ Print Name	_____ Signature	_____ Date

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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? Accounts Officer: Signature: _____ Date of approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the application been approved by the Admin Manager? Admin Manager: Signature: _____ Date of approval:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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:		Date:
Application outcome updated on Wisenet by:		Date:
Comments:		