

DEFERMENT SUSPENSION OR CANCELLATION OF ENROLMENT FORM

Personal Details			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> MS	<input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr <input type="checkbox"/> Other
Given Name		Surname	
Student Number		Phone Number	
Date of Birth		Email address	
Address			
State		Postcode	

Current Course Details			
Course Code and Name			
Start date (DD/MM/YYYY)		End date (DD/MM/YYYY)	

Request Details		
Please select of the following options	*Date From (DD D/MM/YYYY)	*Date To (DD/MM/YYYY)
<input type="checkbox"/> Deferment (Prior to course commencement - may only apply for 6 months)	___/___/___	___/___/___
<input type="checkbox"/> Suspension (During the current enrolment (Leave of absence))	___/___/___	___/___/___
<input type="checkbox"/> Cancellation (Terminate enrolment permanently)	___/___/___	N/A
*If onshore, will you be leaving Australia during the above period? <i>(If ticked yes, please attach a copy of your confirmed travel itinerary and flight details)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason for Request (Attach supporting evidence if applicable)

Student Declaration – By signing below, I confirm that:
<ul style="list-style-type: none"> • The information I have provided on this form is true and correct. • I have been advised of and understand how this change might impact on my enrolment • I agree that all terms and conditions remain as per my original enrolment in case of deferment and suspension. • I understand that if my request is denied, I can appeal the decision in accordance with the complaints and appeal policy and procedure.

Student Declaration — *By signing below, I confirm that:*

- I understand all the terms and condition outlined in the Spring Hill College’s Deferment Suspension or Cancellation policy and procedure.
- I understand that these changes may affect my student visa and CoE. Further information is available at the Department of Home Affairs (DoHA). Contact DoHA by phone on 131 881 or through their website at www.homeaffairs.gov.au
- I understand that where I am not enrolled in any course for a period of more than 28 days, I may be required to return to my home country unless approved by Department of Home Affairs (DoHA).

Student Signature:

Date:

For Parents/ legal guardians of children *(Consent required if the student is Under 18)*

I declare that I am the legal guardian of the above-mentioned child or children.

Full Name:

Signature:

Date:

Office Use Only

Student Services Officer Name:

Application approved Yes No *(If no, give reason)*

Where applicable has the following been actioned?

Date

Signature

Student Notified

Yes No N/A

Student management system updated

Yes No N/A

Learning management system updated

Yes No N/A

PRISMS updated

Yes No N/A

Accounts notified of change

Yes No N/A

Trainer notified of change

Yes No N/A

Any comments:

