



Application to Defer, Suspend or Cancel Enrolment

• Students are requested to complete and submit this form if they want to Defer, Suspend or Cancel Enrolment.

• Please allow upto 5 working days for your application to be processed.

• Please attach copy of supporting documents with this application.

Personal Details

Student ID _____

Surname/Family Name _____

Given Name _____

Title Mr. Mrs. Ms. Miss Other

D.O.B _____

Tel _____

Mobile _____

Email _____

Course Start Date _____

• MUST FILL, MAKE SURE ADDRESS IS CURRENT

Local Address _____

Suburb _____ Postcode _____

Overseas Contact Number _____

Overseas Address _____

Passport No. _____

Course(s) Enrolled

- | | | |
|---|--|--|
| <input type="checkbox"/> SIR30312 Certificate III in Retail Supervision | <input type="checkbox"/> BSB30112 Certificate III in Business | <input type="checkbox"/> ICP30212 Certificate III in Printing and Graphic Arts (Graphic Pre-press) |
| <input type="checkbox"/> SIR40212 Certificate IV in Retail Management | <input type="checkbox"/> BSB40212 Certificate IV in Business | <input type="checkbox"/> ICP40110 Certificate IV in Printing and Graphic Arts (Graphic Pre-press) |
| <input type="checkbox"/> SIR50112 Diploma of Retail Management | <input type="checkbox"/> BSB50207 Diploma of Business | <input type="checkbox"/> ICP50110 Diploma of Printing and Graphic Arts (Digital Production) |
| <input type="checkbox"/> General English | <input type="checkbox"/> BSB60207 Advanced Diploma of Business | <input type="checkbox"/> ICP50210 Diploma of Printing and Graphic Arts (Multimedia) |

Application for:

I, _____ STUDENT NAME

wish to apply for:

DEFERMENT of commencement of studies
(postponement prior to commencement of the course)

SUSPENSION of my studies
(temporary postponement of enrolment during studies)

CANCELLATION of my enrolment
(cessation of enrolment in course)

Reason for Suspension / Deferment / Cancellation

- | | |
|---|---|
| <input type="checkbox"/> Financial hardships (Have you discussed a Payment Plan) *(For Cancellation only) | <input type="checkbox"/> Family Bereavement |
| <input type="checkbox"/> Unable to cope with the course undertaken*(For Cancellation only) | <input type="checkbox"/> Illness (Medical Certificate Required) |
| <input type="checkbox"/> Other compassionate and compelling circumstances (Please Explain) _____ | |

* Please attach relevant documents in support of your application

Student's Declaration

- I declare that the information supplied on this form and the information given in support of my application is correct and complete.
- I authorize Australia National College Pty Ltd to obtain official student records from any educational institution necessary to make an informed decision about the application or matters that concern enrolment.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application or a withdrawal of the offer of a place.
- I declare that I am aware that the decision to grant my deferral, suspension, or cancellation of enrolment may affect my student visa. Where my application to defer, suspend or cancel my enrolment is for period more than 28 days, I may be required to return to my home country unless approved by the Department of Immigration and Citizenship (DIAC).
- I understand that if the period of Deferment or suspension is such that I will not be able to complete this course by the Proposed Course End Date indicated on the original COE, a new COE will be issued with the extended study period to allow me to complete my course. It is my responsibility to check with Department of Immigration and Citizenship at its earliest in regards to the visa period and whether a new visa is required to cover the extended duration.

Student Signature : _____

Date: ___ / ___ / ____

FOR OFFICE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Passport No. Checked <input type="checkbox"/> YES <input type="checkbox"/> NO
Received by _____	Date (DD/MM/YY)	Last Class Attended _____
Processed by _____	Date (DD/MM/YY)	CoE No. _____
Comments _____	Excel Sheet Updated <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (DD/MM/YY)
_____	PRISMS Updated <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (DD/MM/YY)
_____	TEAMS Updated <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (DD/MM/YY)