



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"/> General English – Elementary, Intermediate and Advanced (10-40 weeks) | <input type="checkbox"/> BSB61015 Advanced Diploma of Leadership & Management |
| <input type="checkbox"/> BSB30115 Certificate III in Business | <input type="checkbox"/> BSB42415 Certificate IV in Marketing & Communication |
| <input type="checkbox"/> BSB40215 Certificate IV in Business | <input type="checkbox"/> BSB52415 Diploma of Marketing & Communication |
| <input type="checkbox"/> BSB50215 Diploma of Business | <input type="checkbox"/> BSB61315 Advanced Diploma of Marketing & Communication |
| <input type="checkbox"/> BSB60215 Advanced Diploma of Business | |
| <input type="checkbox"/> BSB50420 Diploma of Leadership and Management | |

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 authorise AustralianNational 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 Home Affairs (DHA).
- 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 Home Affairs (DHA) 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/MMM/YYYY)		Last Class Attended _____
Processed by _____ Date _____ (DD/MMM/YYYY)		CoE No. _____
Comments _____		Excel Sheet Updated <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ (DD/MMM/YYYY)
		PRISMS Updated <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ (DD/MMM/YYYY)
		TEAMS Updated <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ (DD/MMM/YYYY)