

DEFERRAL, EXTENSION, SUSPENSION, WITHDRAWAL, CANCELLATION & REFUND FORM



<u>PERSONAL INFORMATION</u>	
Enter your full name	
Surname:	
Given names:	
Enter your birth date	Day/month/year: ____ / ____ / ____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Student Details	
Student ID:	Course Code:
Mobile:	Course Name:
Email Address:	

<u>REFUND TYPE</u>	
Tick one option below	Date From (DD/MM/YYYY):
<input type="checkbox"/> Deferral of Course	____ / ____ / ____
<input type="checkbox"/> Extension of Course	____ / ____ / ____
<input type="checkbox"/> Suspension of Course (During the current enrolment)	____ / ____ / ____
<input type="checkbox"/> Cancellation of Course (Terminate enrolment permanently)	____ / ____ / ____

REASON FOR REQUEST

Reason for Request

Evidence Required

Serious medical illness or injury

Medical certificate / hospitalisation records stating inability to attend classes

Bereavement of close family members
(Example – Parents or Grandparents)

Death certificate, if possible or other evidence, such as hospitalisation records, police records

Transferring to a course with another education provider*

Letter of Offer from proposed new provider

Other reasons. Please provide details below (Evidence may be required in support of request):

BANK ACCOUNT DETAILS

Account Name:

Bank Name:

BSB Number:

Account Number:

PLEASE READ AND SIGN

By Signing below, I confirm that:

1. I have provided accurate and complete information
2. I acknowledge and understand that the provision of incorrect information may lead to cancellation of my enrolment and partial or no refund.

Student Signature:

Date:

Print Name:

FOR OFFICE USE ONLY

<u>APPLICATION ASSESSMENT</u>			
Application Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Give Reasons:			
Authorise Officer Signature:		Date:	
Title and Print Name:			

<u>ADMINISTRATION</u>			
Student Notified of application outcome	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Student's LMS Account Deactivated	<input type="checkbox"/> Yes	Date:	
Student Management System updated	<input type="checkbox"/> Yes	Date:	
Signature:		Date:	
Print Name:			