



## DEFERRAL, SUSPENSION OR CANCELLATION REQUEST

### Student Details

| Field              | Information |
|--------------------|-------------|
| Student Full Name  |             |
| Student ID         |             |
| Course Name        |             |
| CRICOS Course Code |             |
| Contact Number     |             |
| Email Address      |             |

### Type of Request

(Please select one)

- ☐ **Deferral** – Before course commencement (attach supporting evidence)
- ☐ **Suspension** – Temporary break from study (attach documents)
- ☐ **Cancellation** – Permanent withdrawal from course

Is this request: ☐ Student-initiated ☐ Provider-initiated (Academic/Conduct/Other)

### Reason for Request

(Please tick all relevant boxes and provide documentation)

- ☐ Compassionate or compelling circumstances (e.g. illness, family emergency)

|              |        |               |                                                   |
|--------------|--------|---------------|---------------------------------------------------|
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- ☐ Personal reasons (explain below)
- ☐ Academic progress intervention plan in place
- ☐ Misconduct (provider-initiated only)
- ☐ Visa delay/refusal (attach documents)
- ☐ Employment-related (not valid for CRICOS)
- ☐ Other: \_\_\_\_\_

### ***Please provide a brief explanation:***

*Attach supporting documentation such as medical certificates, visa notifications, or counselling letters.*

### ***Requested Dates of Change***

| Action                                    | Date              |
|-------------------------------------------|-------------------|
| Start of deferral/suspension/cancellation | ___ / ___ / 20___ |
| Expected return (if applicable)           | ___ / ___ / 20___ |

### ***Important Information for Students***

- ✚ Submitting this form does not guarantee approval.
- ✚ All requests must be supported with appropriate documentation.
- ✚ Changes to your enrolment may affect your student visa. You are advised to contact the Department of Home Affairs.
- ✚ If your request is approved, your CoE will be updated in PRISMS accordingly.
- ✚ If this is a provider-initiated action, you have the right to appeal the decision within 20 working days under the Complaints and Appeals Policy.

### ***Student Declaration***

I declare that the information provided above is accurate and supported by appropriate documentation. I understand the implications for my visa and enrolment.

**Student Signature:** \_\_\_\_\_

|              |        |               |                                                   |
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Date: \_\_\_\_ / \_\_\_\_ / 20\_\_

### RTO Office Use Only

| Item                | Details                                                              |
|---------------------|----------------------------------------------------------------------|
| Request Received By | [Name] on ____ / ____ / 20__                                         |
| Action Taken        | <input type="checkbox"/> Approved <input type="checkbox"/> Rejected  |
| Approved By         | [CEO / Compliance Officer]                                           |
| Date Processed      | ____ / ____ / 20__                                                   |
| Notes               |                                                                      |
| PRISMS Updated      | <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable |
| Student Notified    | <input type="checkbox"/> Yes <input type="checkbox"/> No             |

|              |        |               |                                                   |
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