



Deferment, Suspension, Leave of Absence Or Cancellation Request Form

Part A: Personal Details:			
Student ID:		Date of Birth:	
Student Name:		Contact	
Australian Address:			
Email Address:			
Course Enrolled:			
Overseas Phone Number:			
Overseas Email Address :			
Overseas Residential Address			

Part B: Deferment, Suspension, Leave of Absence or Cancellation Request		
I wish to apply to:		
(Tick the one you are applying for)	Request Details	Date
	DEFER (postpone) my enrolment	From / / to / /
	SUSPEND my enrolment	From / / to / /
	CANCEL my enrolment of the course: _____	From / / to / /
	LEAVE of Absence (Less than 14 days only)	From / / to / /

Evidence Checklist
Evidence: <input type="checkbox"/> I have attached the Documentary Evidence of compassionate or compelling circumstances sufficient to support my application.
Deferment: <input type="checkbox"/> I understand that the start of a course cannot be deferred for longer than six (6) months.
Suspension: <input type="checkbox"/> I understand that a course cannot be suspended for longer than twelve (12) months.



NOTE: Re-entry into your course after suspension will need to align with the course timetable based on an intake period, you will need to discuss this with the International Student Adviser.

Cancellation: ☐ I have read the [Refund Policy](#) and understand financial penalties may apply.

☐ International Student Visa holders only - I understand that a course cancellation will result in the cancellation of my CoE and will affect my International Student Visa. More information on <https://www.homeaffairs.gov.au/trav/stud/more/changing-courses>.

Specific your reason for your application below: Your feedback is important to us, please provide reasons for your request:

Part C: Declaration:

I hereby declare that:

I am aware of the circumstances that deferral, suspension, transfer or cancellation of my enrolment to my studies.

I am also aware that the decision to grant my deferral, suspension, transfer or cancellation of enrolment may affect my Student visa. I have advised to contact the Department of Home Affairs (DHA).

I have been advised of all the relevant information in relation to the request made on this form.

The information provided on this form is correct and complete. The Policies and Procedures have been made available to me,

I have read, understood and accepted these as conditions of my enrolment including the cancellation policy.

Student Name	
Signature	
Date	



Workforce Education Institute

RTO Number: 51161 CRICOS 03963B

Trading as Workforce Education Institute

Address: 372 Spencer St, West Melbourne VIC-3003

PART D: OFFICE USE ONLY

Date initially received		Received by (International Student Adviser)	
Financial Check		Reviewed by (Accounts Department)	
Reviewed for decision		Reviewed by (Admin Officer/Manager)	
Decision			
<input type="checkbox"/> Accepted	Accept Date		
<input type="checkbox"/> Rejected	Reason for Rejection		
Signature			
Date			

PART E: Feedback to Student

Student informed and received copy of outcome (Tick)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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