

Application to Defer, Suspend or Cancel **Enrolment Form**

STUDENT DETAILS

Student Number (if applicable)	Date of Birth				
Last Name					
First Name					
Course Enrolled					
Postal Address					
Email	Phone				
I wish to apply to					
CANCEL n	ny enrolment for all the courses / or				
DEFER my enrolment. New course start date					
SUSPEND my enrolment. From date to date					
Course Ch	ange request [Please explain in details at the below]				
I am aware of the circumstances for deferral, suspension, or cancellation of my enrolment and the following is a brief summary of the					
reasons to support my application:					
• Please attach all supporting documentation for your application					
• Please allow 10 b	ousiness days to process your request				
IN SIGNING THIS APPLICATION, I ACKNOWLEDGE:					
I am aware that the decision to grant my deferral, suspension, or cancellation of enrolment may affect my Student Visa. I am responsible for contacting DHA in relation to my student Visa status.					
Name					
Date	Signature				



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ADMINISTRATION USE ONLY

Date Application to Defer, Suspend or Cancel received					
Application received by					
If applicable- relevant supporting documents attached:		☐ Yes	☐ No		
Has the application been approved by the Accounts Department?		☐ Yes	☐ No		
Accounts Officer					
Date of approval					
Signature					
Has the application been approved by the Records Manager?		☐ Yes			
Accounts Officer					
Date of approval					
Signature					
Has the application been approved by the Admin Manager? Has the release letter application been approved by the Admin Manager Date of approval Signature	nager?	☐ Yes ☐ Yes	□ No □ No		
The appropriate government agency(s) have been notified of the roof the students request (via PRISMS)	result	☐ Yes	☐ No		
Approval letter of deferment, suspension, or cancellation has been generated and sent to the student		Yes	☐ No		
Application administrative tasks processed by		Date			
Application outcome updated on Wisenet by		Date			
Comments					