Application to Defer suspend or cancel enrolment Form.



CRICOS CODE:03887J RTO CODE:45652 Career Solutions Group Pty Ltd The Trustee for Career Solutions Trust

Student Details: -

Student Number			Date of	
(if applicable)			birth	
First name			Last name	
Course enrolled				
Postal address				
Email			Phone	
•			,	
I wish to apply	to: -			
	lment for all the courses / or			
□ DEFER my enro		New course	start date	
□ SUSPEND my enrolment.		From date [\ \ \	To date [\ \]
	request [Please explain in detail			
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- Please attach all supporting documentation for your application
- Please allow 10 business 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		
f 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	□No
Admin Manager		
Date of approval		
bignature		
Has the application been approved by the Admin Manager? Has the release letter application been approved by the Admin Manager?	☐ Yes ☐ Yes	□ No □ No
Admin Manager		
Date of approval		
Signature		
The appropriate government agency(s) have been notified of the result of the students request (via PRISMS)	☐ 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 TEAM	Date	