

Deferral, Suspension, Cancellation Request Form

Instructions: All students who would like to Defer, Suspend or Cancel their enrolment must complete this form. In the space provided below place a tick in the box that applies.

Date:		
Student Name:	ATI Student Number:	
Course:		
<input type="checkbox"/> Deferral	<input type="checkbox"/> Suspension	<input type="checkbox"/> Cancellation
I would like to request deferral/suspension from my studies from the _____ to the _____		
I will be suspending my studies for _____ week/s.		
I would like to return to my studies on the: _____ (start date must be an intake day).		
I would like to keep the original end date on my COE: <input type="checkbox"/> Yes / <input type="checkbox"/> No*. If *No what is the COE end date: _____		
I would like to request the deferral/suspension/ cancel for the following reason:		
During this time, I will be: (please circle the appropriate answer) <input type="checkbox"/> In Australia <input type="checkbox"/> Outside Australia (If outside Australia) I will be in _____ (Country)		
Deferral/Suspension/Cancel Checklist for Student (Tick the box) <input type="checkbox"/> I have read the Deferral, Suspension or Cancellation Policy <input type="checkbox"/> I have provided my travel itinerary (return flights) to the other country for this deferral/suspension period (if applicable) <input type="checkbox"/> I have provided supporting evidence for my deferral reason (i.e.: Death Certificate; Letter from third party) and attached to this form <input type="checkbox"/> I have paid the administration fee of \$200 in relation to deferral/suspension and my receipt is attached		

Student signature: _____

Date: ____/____/____

OFFICE USE ONLY: (tick the box)	
<input type="checkbox"/> Required fee paid (receipt attached)	
<input type="checkbox"/> Email sent to VET Admin to close LMS	
<input type="checkbox"/> Administration Manager to Sign: _____	Date ____/____/____