



## 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:***

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*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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