



Deferment, Suspension or Cancellation of Enrolment Form

Please select the applicable Registered Training Organisation

- Everthought College of Construction (RTO) (RTO Code: 51681 CRICOS Code: 02898C)
- Everthought Education (ETE) (RTO Code: 32438)

Personal Details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Dr	<input type="checkbox"/> Other
Given Name			Surname			
Student Number			Phone Number			
Date of Birth			Email address			
Address						
State			Postcode			

Current Course Details

Course Code and Name:			
Start date (DD/MM/YYYY)		End date (DD/MM/YYYY)	

Request Details

Please select of the following options	*Date From (DD D/MM/YYYY)	*Date To (DD/MM/YYYY)
<input type="checkbox"/> Deferment (Prior to course commencement - may only apply for 6 months)	___ / ___ / ___	___ / ___ / ___
<input type="checkbox"/> Suspension (During the current enrolment)	___ / ___ / ___	___ / ___ / ___
<input type="checkbox"/> Cancellation (Terminate enrolment permanently)	___ / ___ / ___	N/A

* For CRICOS students only - If onshore, will you be leaving Australia during the above period? Yes No
(If ticked yes, please attach a copy of your confirmed travel itinerary and flight details)

Reason for Request (Attach supporting evidence if applicable)

Student Declaration — By signing below, I confirm that:

- The information I have provided on this form is true and correct.
- I have been advised of and understand how this change will impact on my re-enrolment/ co-contribution fees/ and term fee.
- I agree that all terms and conditions remain as per my original enrolment in case of deferment and suspension.
- I understand that if my request is denied, I can appeal the decision in accordance with the complaints and appeal policy and procedure.

**Student Declaration** – *By signing below, I confirm that:*

- I understand that these changes may affect my student visa and CoE. Further information is available at the Department of Home Affairs (DoHA). Contact DoHA by phone on 131 881 or through their website at www.homeaffairs.gov.au *(Only applicable to CRICOS students)*
- I understand that where I am not enrolled in any course for a period of more than 28days, I may be required to return to my home country unless approved by Department of Home Affairs (DoHA). *(Only applicable to CRICOS students)*

Student Signature:

Date:

For Parents/ legal guardians of children *(Consent required if the student is Under 18)*

I declare that I am the legal guardian of the above-mentioned child or children.

Full Name:

Signature:

Date:

Office Use Only

Student Services Officer Name:

Application approved Yes No *(If no give reason)*

Where applicable has the following been actioned?

Date

Signature

Student Notified

 Yes No N/A

Student management system updated

 Yes No N/A

PRISMS updated

 Yes No N/A

Accounts notified of change

 Yes No N/A

Trainer notified of change

 Yes No N/A

Any comments: