



Course Deferral, Suspension and Cancellation Request Form

Date of Application:

Type of Request:

- ☐ Deferral
☐ Suspension
☐ Cancellation

Student First Name:

Student Surname:

Student ID:

Course Name and Course Code:

Reason for the Request: (Tick all that apply and attach supporting documents)

- ☐ Returning to home country
☐ Transferring to another provider (attach release letter or offer letter)
☐ Compassionate or compelling circumstances
☐ Medical reasons (attach medical certificate)
☐ Other (please specify): _____

Briefly explain the circumstances leading to this request:

Acknowledgement (Student Only)

I declare that all information provided in this form is true and correct. I understand that:

- I understand that if my request for deferral, suspension, or cancellation of enrolment is approved, this may have an impact on my student visa status. If I am not enrolled in an approved course for a period exceeding 28 days, I may be required to return to my home country unless otherwise authorised by the **Department of Home Affairs**.
- I am also aware that should my request be denied, then I can appeal the decision in accordance with the JTI Complaints and Appeals process.
- Submitting this form does not guarantee automatic request approval.
- My withdrawal may affect my **student visa** and will be reported through **PRISMS** in accordance with the ESOS Act.
- Refunds, if applicable, will be processed according to the institution's **Refund Policy**.
- I must continue to attend classes until official notification of withdrawal is received.

Student Signature

Date:



For Office Use Only

Request Approved by Trainer / Coordinator?

☐ YES

☐ NO Comments, If Applicable: _____

Trainer's Name: _____

Trainer's Signature: _____

Date: _____

Request Approved by the International Admissions Department?

☐ YES

☐ NO Comments, If Applicable: _____

If Requesting a Deferral:

Deferral Commencement Date: _____

Course Resumption Date: _____

PRISMS updated

☐ CoE variation

☐ Cancellation

Student notified of the outcome: ☐ Yes ☐ No

Refund Processed (If Applicable): _____

Staff Name: _____

Signature: _____

Date: _____