

# 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  
 CancellationStudent notified of the outcome:  Yes  No

Refund Processed (If Applicable): \_\_\_\_\_

Staff Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_