Deferral, Suspension or Cancellation request form

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)

☐ 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:

_____

_____

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: _____

Date: ___ / ___ / 20__

Austra College Office Use Only

Item	Details
Request Received By	[Name] on ___ / ___ / 20___
Action Taken	☐ Approved ☐ Rejected
Approved By	[CEO / Compliance Officer]
Date Processed	___ / ___ / 20___
Notes	
PRISMS Updated	☐ Yes ☐ Not Applicable
Student Notified	☐ Yes ☐ No