

# Deferment, Withdrawal and Cancellation Form

## Section A: Applicant Details

<b>Student ID</b>		<b>Program</b>	
<b>Major (if applicable)</b>		<b>Commencement Date</b>	

<b>Personal Information</b>								
Title	Mr.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Other	<input type="checkbox"/>
Family Name(s)								
Given Name(s)								
Telephone Number				Email Address				
Current Address								
Date of Birth				Nationality				
Country of Birth								
<b>(For International Students Only)</b>								
Passport Number:				Visa Type / Subclass:				

## Section B: Request Type and Details

<b>Request Information</b>				
(Please select one of the following options below)				
Deferment <input type="checkbox"/>	From		To	
Suspension <input type="checkbox"/>	From		To	
Withdrawal <input type="checkbox"/>	From		To	
Cancellation <input type="checkbox"/>	From		To	

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### Reason(s) for Request

(Please provide a detailed explanation. Requests must be supported by evidence of compassionate or compelling circumstances, which may include but are not limited to: serious illness or injury, bereavement of close family members, natural disaster in the student's home country, major traumatic event, or delay in visa processing as defined under the National Code 2018.)

### Supporting Evidence/s

Supporting documents attached: Yes  No

(Note: Applications without supporting evidence/s may not be processed.)

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## Section C: Acknowledgement and Declaration

### Acknowledgement and Declaration

By signing below, I acknowledge and confirm the following:

- i) That the information that I have provided above is true, accurate and complete;
- ii) That providing incorrect or incomplete information, or withholding relevant information, may delay or prevent the processing of my request;
- iii) That I have read and understood QIHE's *Deferment, Withdrawal and Cancellation Policy and Procedure*, and this application will be assessed in accordance with that Policy, the *ESOS Act 2000*, and the *National Code 2018*;
- iv) That If I am an international student, I understand that the outcome of this request may affect my student visa, and I must comply with any requirements of the *Department of Home Affairs (DHA)* regarding my stay in Australia;
- v) That I consent to QIHE collecting, using and disclosing my personal information, including sharing records with other educational institutions or government authorities, for the purposes of assessing and processing this application, in line with the *Privacy Act 1988*;
- vi) That I have attached all required supporting document/s to this application;
- vii) That I understand applications for refunds of fees will be processed in accordance with QIHE's *Fee Refund Policy*, consistent with the requirements of the *ESOS Act* and associated regulations.

Student's Signature			
Full Name		Date	

### For Official Use Only

This application is		Approved <input type="checkbox"/>	Rejected <input type="checkbox"/>
Date Received		Reviewed By	
Designation of Reviewer		Signature of the Reviewer	
Decision Reason / Basis:			

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Comments:			
Academic Director Signature		Date	
Date of Notification Sent to Student			
Method of Notification		Email <input type="checkbox"/>	Phone <input type="checkbox"/>
Recorded in SMS / PRISMS (if applicable):		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Authorised Staff Member's Name			
Signature		Date	