

Deferment, Withdrawal and Cancellation Form

Section A: Applicant Details

| | | | |
|------------------------------|--|--------------------------|--|
| Student ID | | Program | |
| Major (if applicable) | | Commencement Date | |

| Personal Information | | | | |
|-----------------------------------|------------------------------|------------------------------|-------------------------------|--------------------------------|
| 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 | | | | |
| (For International Students Only) | | | | |
| Passport Number: | | | Visa Type / Subclass: | |

Section B: Request Type and Details

| Request Information | | | | |
|---|------|--|----|--|
| <i>(Please select one of the following options below)</i> | | | | |
| 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 | | | |
|--|--|------|--|
| <p>By signing below, I acknowledge and confirm the following:</p> <ul style="list-style-type: none"> 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 <i>Deferment, Withdrawal and Cancellation Policy and Procedure</i>, and this application will be assessed in accordance with that Policy, the <i>ESOS Act 2000</i>, and the <i>National Code 2018</i>; 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 <i>Department of Home Affairs (DHA)</i> 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 <i>Privacy Act 1988</i>; 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 <i>Fee Refund Policy</i>, consistent with the requirements of the <i>ESOS Act</i> 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"/> | In-Person <input type="checkbox"/> |
| Recorded in SMS / PRISMS (if applicable): | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Authorised Staff Member's Name | | | |
| Signature | | Date | |