Deferment, Suspension or Cancellation of Enrolment Form

PERSONAL INFORMATION

1. Given Name(s) ___________________________________________ Family Name ____________________________________________
   Preferred Name __________________________________________

2. Date of Birth ________ / ________ / ________
   Gender □ Male □ Female □ Indeterminate
   Day □ Month □ Year

3. Student ID ______________________________________________

4. Student Email ___________________________________________ Student Mobile ___________________________________________

5. Course Code and Name __________________________________________

REQUEST DETAILS

Please select ONE of the following options

<table>
<thead>
<tr>
<th>TICK ONE OPTION BELOW</th>
<th>Reason for Request</th>
<th>Evidence Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Deferral of Course (Prior to course commencement)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Suspension of Course (During the current enrolment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Cancellation of Course (Terminate enrolment permanently)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If onshore, will you be leaving Australia during the above period? □ No □ Yes (please attach a copy of your confirmed travel itinerary and flight details).

REASON FOR REQUEST

Please select ONE of the following options

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</tr>
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<tbody>
<tr>
<td>□ Delay in issue of student visa</td>
<td>ImmiAccount visa application-progress status update</td>
<td></td>
</tr>
<tr>
<td>□ Serious medical illness or injury</td>
<td>Medical certificate / hospitalisation records stating inability to attend classes</td>
<td></td>
</tr>
<tr>
<td>□ Bereavement of close family members e.g. parents or grandparents</td>
<td>Death certificate, if possible or other evidence, such as hospitalisation records, police records</td>
<td></td>
</tr>
<tr>
<td>□ Transferring to a course with another education provider **</td>
<td>Letter of Offer from proposed new provider</td>
<td></td>
</tr>
<tr>
<td>□ Other reason/s. Please provide details below. (Evidence may be required in support of request)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

** Do you require a release letter? □ No □ Yes

(If yes, please complete and submit a Letter of Release Application Form together with any relevant supporting documentation)
VISA INFORMATION

Should you wish to defer or suspend your course due to compassionate or compelling circumstances, you must complete this Deferment, Suspension or Cancellation of Enrolment Application Form and submit the form to SERO Institute prior to the required date of deferment, suspension or cancellation.

This written application must be accompanied by sufficient documentary evidence in support of your request, to be assessed and approved by SERO Institute.

Please note that the process of deferring, suspending or cancelling your enrolment may affect your student visa. You are therefore advised to contact the Department of Immigration and Border Protection (DIBP) should you have any enquiries. DIBP contact information is available on the DIBP website (www.border.gov.au).

Should you return prior to the expected end date of your deferment or suspension, you must notify SERO Institute as soon as possible.

PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

1. I have provided accurate and complete information
2. I acknowledge and understand that the provision of incorrect information may lead to cancellation of my enrolment and student visa.

Signed ____________________________________________________________________ Date ____________________________________

Print Name ____________________________________________________________________

Student

Signed ____________________________________________________________________ Date ____________________________________

Print Name ____________________________________________________________________

Parent / Guardian, if student is under 18

FOR OFFICE USE ONLY

Application Assessment

Application approved? Yes [ ] No [ ] give reasons ____________________________________________________________

Release approved (if applicable) Yes [ ] No [ ] give reasons ____________________________________________________________

Signed ____________________________________________________________________ Date ____________________________________

Print Name ____________________________________________________________________

PEO / Authorised Officer

Administration

Student notified of application outcome (including Release, if applicable) Yes [ ] Date notified ________________________________

PRISMS updated? Yes [ ] Date updated ________________________________

Signed ____________________________________________________________________ Date ____________________________________

Print Name ____________________________________________________________________

Authorised Officer