



APPLICATION FOR DEFERRAL, SUSPENSION OR CANCELLATION OF ENROLMENT (INTERNATIONAL)

This form must be completed by International Students of ACE who are seeking to **defer**, **suspend** or **cancel** their enrolment. Documented evidence to support the reasons for making a change to enrolment **must** be attached to this form.

Student Details

Student ID Number: ACE _____ Date of Birth: ___ / ___ / ___

Family Name: _____ Given Name(s): _____

Course Enrolled: _____

Residential Address (in Australia): _____

Phone Number: _____ Email Address: _____

Reason for Request to Defer, Suspend or Cancel Enrolment

I am seeking to **DEFER my enrolment** **SUSPEND my enrolment**

from the dates of: ___ / ___ / ___ to ___ / ___ / ___ for the following reason(s):

OR **CANCEL my enrolment**

from the date of: ___ / ___ / ___ for the following reason(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Personal Issues | <input type="checkbox"/> Dissatisfaction with Course |
| <input type="checkbox"/> Caring Responsibilities | <input type="checkbox"/> Death / Bereavement | <input type="checkbox"/> Academic Difficulties |
| <input type="checkbox"/> Financial Difficulties | <input type="checkbox"/> Returning Home (Permanently) | <input type="checkbox"/> Visa Not Granted [#] |
| <input type="checkbox"/> Transfer to another Education Provider ⁺ | <input type="checkbox"/> Pandemic | <input type="checkbox"/> Other: |

Please outline the circumstances for seeking deferment, suspension or cancellation:

Do you have evidence to support your circumstances / reasons outlined above? Yes No

Reason: _____

Note - If you do not provide supporting documentation, your application will not be considered.

[#]For Visa Not Granted, you must attach a visa refusal letter issued by the Department of Home Affairs (DHA).

⁺For requests to transfer to another education provider prior to completing six (6) months of your principle course, please complete the *Request to Transfer Between Registered Providers* form and send it along with this completed form. If appropriate, please also attach the *Refund Request Form*.

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Student's Declaration

- I confirm that the information provided in this form and the supporting evidence attached is true and correct.
- I understand that providing information that is false and/or misleading is a breach of the student code of conduct and may result in suspension / cancellation of my enrolment with ACE.
- I understand that failure to provide ACE with supporting documentation within 7 days of submitting this application will result in my request for deferment, suspension or cancellation being Not Approved.
- I am aware that ACE will notify the Department of Education, Skills, and Employment (DESE) via the Provider Registration and International Student Management System (PRISMS) of this change to my enrolment, as per section 19 of the ESOS Act 2000.
- I am aware that the decision to grant my deferral or suspension of enrolment may affect my student visa and I should seek advice from DHA in relation to this.
- I am aware that if I fail to return to studies on the agreed date of return, ACE will view this as me not wishing to continue my studies. ACE will then take steps towards cancelling my enrolment, as per the Deferral, Suspension and Cancellation Policy and Procedure, and notify DESE through PRISMS of 'student notified cessation of studies'.
- I have read and understood ACE's Deferral, Suspension and Cancellation Policy and Procedure, the Transfer Between Registered Training Providers Policy and Procedure (if applicable), and Refund Policy as it relates to my application.
- I understand that I must continue to attend all scheduled classes of my current course until I have been notified of the outcome of my application. I am aware that failure to do so may put me at risk of not satisfying my course progress requirements.
- I am aware that I must provide ACE with a minimum of 14 days' notice of my request to suspend, defer or cancel my enrolment and requests made outside of this period may not be considered.
- I am aware that in order for ACE to consider my request, my fees must be paid up-to-date in accordance with my payment plan.
- I understand that should my request to suspend, defer or cancel be rejected by ACE, that I am expected to continue attending classes and progressing through my course to a satisfactory standard, otherwise I could be at risk of cancellation.
- I am aware that deferring or suspending my enrolment does not constitute a change to my payment plan and I am still expected to make my usual monthly payments, unless a variation is authorised by the CEO.
- I am aware that should ACE deny my request to defer, suspend or cancel my enrolment, I have the right to access the complaints and appeals process.
- I am aware that if my application is accepted, I will incur a \$300 change of enrolment fee.

Student Signature: _____

Date: __/__/____

Application Outcome (Office Use Only)

Date Form Received: __/__/____ Received By: _____

Fees Outstanding: _____ Supporting Evidence Attached: YES NO

Approved by CEO: YES NO If No, Reason: _____

Date updated on PRISMS: __/__/____ Date updated on VETtrak: __/__/____

Approved by Authorised Delegate: _____ Signature of delegate: _____

Date Student Notified: __/__/____ Notified by: _____

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