



## Cancellation of Enrolment Form

**Note:** - This form needs to be completed by student requesting to cancel their enrolment with ACE with appropriate supporting documentation attached. All International students must state the reason for cancelling their enrolment with ACE, as ACE must report this change in enrolment status to Department of Immigration and Border Protection (DIBP). Students are advised to contact DIBP immediately upon cancellation of their enrolment as this action may affect their student visa. Please refer to ACE's Refund Policy and procedures for any applicable refunds and complete the Refund Request Form.

STUDENT DETAILS		
Family Name:	Student ID Number: ACE	
Given Name(s):		
Date of Birth:	Phone Number:	
Postal Address:		
City:	State:	Postcode:
E-Mail:		
Currently Enrolled Course: .....		
Course to be Cancelled: .....		
Cancellation Date requested: .....		
ENROLMENT CANCELLATION REASONS - (Please tick one of the following options)		
<input type="checkbox"/> <b>Visa not granted</b> - Please attach: <input type="checkbox"/> Visa refusal letter issued by the DIBP & <input type="checkbox"/> Refund Application form		
<input type="checkbox"/> <b>Medical grounds</b> - Please attach: <input type="checkbox"/> Medical certificate/s & <input type="checkbox"/> other supporting documentation		
<input type="checkbox"/> <b>Compassionate and/or compelling reason</b> - Please attach: <input type="checkbox"/> Statement of reasons & <input type="checkbox"/> supporting documentation		
<input type="checkbox"/> <b>Personal reasons</b> - Please attach: <input type="checkbox"/> statement of reasons & <input type="checkbox"/> supporting documentation		
<input type="checkbox"/> <b>TRANSFER to another Education Provider</b> Prior to completing six (6) months of my principal course at ACE due to: <input type="checkbox"/> Course academically unsuitable <input type="checkbox"/> Change of career choice Please attach: <input type="checkbox"/> Letter of Offer from another institution <input type="checkbox"/> Statement of reasons & <input type="checkbox"/> supporting documentation <input type="checkbox"/> Application Form For Transfer Between Registered Provider Form		
<p><b><i>Note: a Release Letter will be issued only if application is approved</i></b></p>		
<input type="checkbox"/> <b>Others</b> - Please attach: <input type="checkbox"/> statement of reasons & <input type="checkbox"/> supporting documentation		



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## STUDENT DECLARATION

Have you:

- Completed all of the required details?  Yes  No
- Attached Relevant supporting documentation (where required)  Yes  No

*If you have answered **No** to any of the above questions relevant to your application, please note that your application will not be assessed until the appropriate documentation is provided.*

Declaration:

- I understand that if I have not supplied appropriate supporting documentation, then this application will not be processed.
- I understand that I must submit appropriate supporting documentation to the ACE delegate within 7 days of the submission of this application (if not already provided with this application).
- I have read ACE's Deferral, Suspension and Cancellation Policy and Procedure, and/or Transfer Between Registered Training Providers Policy and Procedure, Refund Policy and procedures as related to this application.
- I declare that the information provided by me is true and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relation to my application may delay the processing of my application.
- I am aware that the decision to grant my cancellation of enrolment may affect my student visa and that ACE will be required to report this change to my enrolment to the Secretary of DEEWR via PRISMS.
- I declare that I have read and understood the Refund Policy as is relates to this 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.

Signature of Student:

Date:

## APPLICATION OUTCOME (OFFICE USE ONLY)

**Outstanding fees:**

NO  YES   
Amount.....

Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Finance Officer:

.....

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supporting evidence received: (Please tick whichever is applicable)

- visa refusal letter
- statement of reasons
- letter of offer from another institution
- evidence of compassionate and compelling circumstances
- return home flight ticket
- refund application form
- medical certificate/s
- other supporting documentation:



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Approved:

Not Approved:

CEO Signature :-

If not approved, state reasons:

Nominated Officer Signature:

Date:

Notice of decision sent to student  
(within 10 working days)

Date Sent : \_\_\_\_/\_\_\_\_/\_\_\_\_

CoE cancelled on \_\_\_\_/\_\_\_\_/\_\_\_\_ by .....

Student Management system updated on \_\_\_\_/\_\_\_\_/\_\_\_\_ by .....

*Please attach the notification evidence, PRISMS variation report and amended CoE to this application form and place a copy in the Student's file.*

Date Student Notified : \_\_\_\_/\_\_\_\_/\_\_\_\_

Notified by: \_\_\_\_\_

Signature of staff: \_\_\_\_\_

Mode of notification:  Email  Post