

Deferral, Suspension Or Cancellation Request Form

Section 1: Student Details

Field	Details		
Student Full Name		Student ID	
Address			
Contact Number			
Email Address			
Course Name			
CRICOS Course Code			

Section 2: Type of Request (Select one)

☐ Deferral – Before course commencement (attach supporting evidence)

☐ Suspension – Temporary break from study (attach documents)

☐ Cancellation – Permanent withdrawal from course

Is this request: ☐ Student-initiated ☐ Provider-initiated (Academic/Conduct/Other)

Section 3: Reason for Request (Please tick all relevant boxes and provide documentation)

☐ Compassionate or compelling circumstances (e.g. illness, family emergency)

☐ Personal reasons (explain below)

☐ Academic progress intervention plan in place

☐ Misconduct (provider-initiated only)

☐ Visa delay/refusal (attach documents)

☐ Employment-related (not valid for CRICOS)

☐ Other: _____

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Section 4: Please provide a brief explanation:

Attach supporting documentation such as medical certificates, visa notifications, or counselling letters.

Section 5: Requested Dates of Change

Action	Date
Start of deferral/suspension/cancellation	___ / ___ / 20___
Expected return (if applicable)	___ / ___ / 20___

Important Information for Students:

- Submitting this form does not guarantee approval.
- All requests must be supported with appropriate documentation.
- Changes to your enrolment may affect your student visa. You are advised to contact the Department of Home Affairs.
- If your request is approved, your CoE will be updated in PRISMS accordingly.
- If this is a provider-initiated action, you have the right to appeal the decision within 20 working days under the Complaints and Appeals Policy.

Section 6: Student Declaration

I declare that the information provided above is accurate and supported by appropriate documentation. I understand the implications for my visa and enrolment.

Student Signature	
Date	___ / ___ / 20___

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Section 7: RTO Office Use Only

Field	Detail
Request Received By	_____on Date: ____ / ____ / 20____
Action Taken	☐ Approved ☐ Rejected
Approved By	[CEO / Compliance Officer/RTO Manager]
Date Processed	____ / ____ / 20____
Notes	
PRISMS Updated	☐ Yes ☐ Not Applicable
Student Notified	☐ Yes ☐ No

Please submit this form to Student Services Officer in campus or email to info@innoverse.edu.au