



# Hays International College

CRICOS Number: 02790D Provider Number: 21838

## COURSE DEFERRAL, SUSPENSION OR CANCELLATION FORM

(THIS FORM NEEDS TO BE COMPLETED IN **BLOCK LETTERS**)

Please Tick one of the following - <input type="checkbox"/> DEFERRAL <input type="checkbox"/> SUSPENSION <input type="checkbox"/> CANCELLATION		
FAMILY NAME (SURNAME)		
FIRST NAME (GIVEN NAME)		
HIC STUDENT ID		
<b><u>Address for notification of outcome :-</u></b>		
Building/Property Name: _____	Flat/Unit Number: _____	
Street Number: _____	Street Name: _____	
Suburb, locality or town: _____	State/Territory: _____	
Postcode: _____	Country: _____	
Telephone _____	Mobile _____	
COURSE CODE		
COURSE NAME		
COURSE START DATE		
COURSE END DATE		
<b>Note :-</b> International students are required to state the reasons and provide documentation for deferring, suspending or withdrawal from their studies. Hays International College must report this information to the Department of Immigration and Border Protection (DIBP). You are strongly advised to refer to <a href="http://www.border.gov.au">www.border.gov.au</a> (DIBP) before deferring, suspending or withdrawal from your studies as this could affect the conditions of your Visa.		
<b>DEFERMENT</b>		
Start Date Requested - _____ End Date Requested - _____		
Reasons for Deferment:- _____ _____ _____		
Supporting Documentation Attached (Please tick) :-		
<input type="checkbox"/> <b>Medical Certificate</b>		
<input type="checkbox"/> <b>Copy of Airline Ticket</b>		
<input type="checkbox"/> <b>Other Supporting Documentation – Please mention -</b> _____ _____ _____		



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### SUSPENSION

Start Date Requested - \_\_\_\_\_ End Date Requested - \_\_\_\_\_

Reasons for Suspension:-

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Supporting Documentation Attached (Please tick) :-

- Medical Certificate**                       **Copy of Airline Ticket**  
 **Other Supporting Documentation – Please mention -**

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### CANCELLATION

Cancellation Date - \_\_\_\_\_

Reasons for Withdrawal or Cancellation (Please tick) :-

- Transfer to another Course (Evidence to attach)**  
 **Transfer to another provider (Course admission documentation from other provider)**  
 **Course Content did not meet expectation**  
 **Medical grounds (Evidence to attach)**  
 **Non – Payment of fees (Hays International College initiated)**  
 **Personal Reasons**                       **Other - Please mention below or attach-**

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**Signature of student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** The college may decide to approve an application from a student for deferral of commencement or suspension of study on the following grounds:

- On medical grounds (a medical practitioner's certificate indicating the student is unable to attend class is required); or
- In exceptional compassionate or compelling circumstances beyond the student's control, such as serious illness or death of a close family member or
- major political upheaval or natural disaster in the home country requiring emergency travel and this has impacted on the student's studies; or
- inability to begin studying on the course commencement date due to delay in receiving a student visa.



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**For Office Use Only:**

Form received by (initials)	_____	Date	_____		
Documentation Attached	YES / NO				
Communication with student	YES / NO				
Form of Communication:	Face to Face	Telephone	Email	Date	_____
Comments from communication:	_____ _____				
Approved	YES / NO	Student Informed of the Outcome -	YES / NO	Date	_____
Approved by PEO (Signature)	_____	Date	_____		
If Not Approved – Student Informed of the Outcome -	YES / NO	Date	_____		
Reasons for Not Approval	_____ _____				
Letter of Release issued (initials)	_____	Date	_____		
COE cancelled (initials)	_____	Date	_____		
Database updated by (initials)	_____	Date	_____		