



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 | |
| <u>Address for notification of outcome :-</u> | |
| 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 | |
| Note :- 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 Home Affairs (DHA). You are strongly advised to refer to http://www.homeaffairs.gov.au/ (DHA) before deferring, suspending or withdrawal from your studies as this could affect the conditions of your Visa. | |
| DEFERMENT | |
| Start Date Requested - _____ End Date Requested - _____ | |
| Reasons for Deferment:- _____ _____ _____ | |
| Supporting Documentation Attached (Please tick) :- | |
| <input type="checkbox"/> Medical Certificate | |
| <input type="checkbox"/> Copy of Airline Ticket | |
| <input type="checkbox"/> Other Supporting Documentation – Please mention - _____ _____ _____ | |



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SUSPENSION

Start Date Requested - _____ End Date Requested - _____

Reasons for Suspension:-

Supporting Documentation Attached (Please tick) :-

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

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-**

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 | _____ | | |