

Defer, Suspend, Cancel or Withdraw from Enrolment Form

Domestic and Overseas students

General Instructions for students of the International Health and Science Institute (IHSI)

- This form is to be used by current students who wish to **defer**, **suspend** their enrolment or **withdraw** from the studies at IHSI.
- For the procedure of this application, please refer to the IHSI Student Handbook.
- **The process begins within 7 business days of the submission of form.**

Information for the Student:

- Before applying for withdrawal deferment or suspension, you are requested to carefully read the Student Handbook (downloadable on the website) and the IHSI Deferral, Suspension, Cancellation and Withdrawal policy & procedure (in the Student Handbook or available from Reception or by request at admissions@ihsi.edu.au).
- Read and complete the Form in BLOCK letters using a black or blue pen.
- There is a \$500 withdrawal fee.
- You are required to attach any supporting documentation relevant to your application.
- Withdrawal from studies will not automatically lead to release from IHSI in PRISMS, Education department system for international students.
- In event of seeking Refund of tuition fees, please refer to Refund policy and fill Refund request form (if applicable). This is only applicable if you have not enrolled in the course.
- IHSI will refuse a withdrawal application where a student has outstanding debts to IHSI or have not completed a minimum of six (6) months tuition of your primary course with IHSI.
- The Student must submit the form to student support officer in person or by email; admissions@ihsi.edu.au

Your Personal Details	Application Details
First Name:	Please select course to defer, suspend or withdraw from:
Last Name:	<input type="checkbox"/> Bachelor of Information Technology and Cybersecurity (CYB120525)
Student ID:	<input type="checkbox"/> Cyber Security Awareness Skill Set (BSBSS00094)
Address:	
Suburb/Town:	
Post Code:	
Email Address:	
Mobile:	

I wish to apply to (please tick ✓ the appropriate box and specify the dates)

- ☐ DEFER from.....to.....
- ☐ SUSPEND from.....to.....
- ☐ WITHDRAW from.....

Instruction for the Student: Please fill in ONLY the applicable sections in the form.

Deferral Summary (can only be filled in before the course starts) – Student to fill in if appropriate	
<i>Reason for deferral; please tick:</i>	
<input type="checkbox"/> Compassionate and compelling circumstances	<input type="checkbox"/> Visa refused (evidence of visa refusal)
<input type="checkbox"/> Transfer to another course at IHSI	<input type="checkbox"/> Change of Visa Subclass (evidence of visa grant)
<input type="checkbox"/> Course is no longer delivered or delivered later by IHSI	<input type="checkbox"/> Personal/family reason (including medical/travel etc)
<input type="checkbox"/> Financial Reasons	<input type="checkbox"/> Other (please specify)
Explanation:	
<input type="checkbox"/> I wish to defer my study in IHSI & I submitted all required documents and paid all fees required <input type="checkbox"/> From..... To.....	
Student Declaration (Only for Overseas Students)	
<input type="checkbox"/> I am aware that the decision to grant my deferral, suspension, or withdrawal from enrolment may affect my student visa. <input type="checkbox"/> Where my application to defer, suspend or withdraw from my enrolment is for period more than 28 days, I may be required to return to my home country unless approved by the Department of Home Affairs (DoHA). <input type="checkbox"/> I am aware of my need to seek advice from immigration on the potential impact on my student visa. <input type="checkbox"/> I am aware that the CoE Variation Fee and/or Course Withdrawal Fee will be applied once the Application to defer, suspend or cancel enrolment is approved as per my offer agreement. <input type="checkbox"/> I am aware that if my application to defer, suspend, withdrawal from enrolment is rejected, I have the right to appeal the decision according to the Complaints and Appeals Policy and Procedure, within 20 working days of the decision. Please refer to Complaints and Appeals Policy and Procedure within the Student Handbook at https://ihsi.edu.au <input type="checkbox"/> I have read and understood the refund policy available from the institute available in the Student	

Handbook on the website, and I am aware that refund decision will be made as per the policy.

- ☐ I declare that the information provided in this application is accurate. I understand that I will be contacted to have a face-to-face meeting with Student Support/ Admission officer and I agree to attend the meeting. I understand that if my Deferral from studies will be approved, then my current CoE may be affected/cancelled/varied or I may need a new CoE.
- ☐ I understand that I will pay my all-outstanding fees till the date.
- ☐ I provided all the documents required.

Signature:

Date:

Suspension Summary (can be filled in during a course or before the course starts for a duration of time during the course) – Student to fill in if appropriate

Reason for suspension; please tick:

- | | |
|---|--|
| <input type="checkbox"/> Compassionate and compelling circumstances | <input type="checkbox"/> Visa refused (evidence of visa refusal) |
| <input type="checkbox"/> Transfer to another course at IHSI in order to correlate with the Intakes for the other course | <input type="checkbox"/> Change of Visa Subclass (evidence of visa grant) |
| <input type="checkbox"/> Financial Reasons (only after having applied for payment schedule) | <input type="checkbox"/> Personal/family reason (including medical/travel etc) |
| <input type="checkbox"/> Other (please specify) | |

Explanation:

- ☐ I wish to suspend my study in IHSI & I submitted all required documents and paid all fees required
- ☐ Duration for the suspension (must NOT be longer than 6 months in aggregate)

FromTo.....

Note: all suspensions added up cannot be longer than 6 months

Student Declaration

- ☐ I am aware that the decision to grant my deferral, suspension, or withdrawal from enrolment may affect my student visa.
- ☐ Where my application to defer, suspend or withdraw from my enrolment is for period more than 28 days, I may be required to return to my home country unless approved by the Department of Home Affairs (DoHA).
- ☐ I am aware of my need to seek advice from immigration on the potential impact on my student

visa.

- ☐ I am aware that the CoE Variation Fee and/or Course Withdrawal Fee will be applied once the Application to defer, suspend or cancel enrolment is approved as per my offer agreement.
- ☐ I am aware that if my application to defer, suspend, release or cancel enrolment is rejected, I have the right to appeal the decision according to the Complaints and Appeals Policy and Procedure, within 20 working days of the decision. Please refer to Complaints and Appeals Policy and Procedure within the Student Handbook at <https://ihsi.edu.au>
- ☐ I have read and understood the refund policy available from the institute available in the Student Handbook on the website, and I am aware that refund decision will be made as per the policy.
- ☐ I declare that the information provided in this application is accurate. I understand that I will be contacted to have a face-to-face meeting with Student Support officer and I agree to attend the meeting. I understand that if my suspension of the studies will be approved, then my current CoE may be varied/cancelled or I will need a new CoE.
- ☐ I understand that I will pay my all-outstanding fees till the date.
- ☐ I provided all the documents required.

Signature:

Date:

Withdrawal Summary – Student to fill in if appropriate

Reason for suspension; please tick:

- | | |
|---|--|
| <input type="checkbox"/> I did not start my course with IHSI

<input type="checkbox"/> I should start/have started my course with IHSI on Date..... | <input type="checkbox"/> I already started my course with IHSI

<input type="checkbox"/> Date:.....

<input type="checkbox"/> Over 6 months ago

<input type="checkbox"/> Less than 6 months ago |
| <input type="checkbox"/> Compassionate and compelling circumstances | <input type="checkbox"/> Visa refused (evidence of visa refusal) |
| <input type="checkbox"/> Transfer to another course at IHSI | <input type="checkbox"/> Change of Visa Subclass (evidence of visa grant) |
| <input type="checkbox"/> Transfer to another Registered Training Organisation | <input type="checkbox"/> Name of the transferring organisation:
.....

<input type="checkbox"/> RTO number

<input type="checkbox"/> CRICOS number |
| <input type="checkbox"/> Financial Reasons (only after having applied for payment schedule) | <input type="checkbox"/> Personal/family reason (including medical/travel etc) |
| <input type="checkbox"/> Other (please specify) | |

Explanation:

- ☐ **I wish to withdraw from my study in IHSI & I submitted all required documents and paid all fees required**
- ☐ **From.....**

Student Declaration

- ☐ I am aware that the decision to grant my deferral, suspension, or withdrawal from enrolment may affect my student visa.
- ☐ Where my application to defer, suspend or withdraw from my enrolment is for period more than 28 days, I may be required to return to my home country unless approved by the Department of Home Affairs (DoHA).
- ☐ I am aware of my need to seek advice from immigration on the potential impact on my student visa.
- ☐ I am aware that the CoE Variation Fee and/or Course Withdrawal Fee will be applied once the Application to defer, suspend or cancel enrolment is approved as per my offer agreement.
- ☐ I am aware that if my application to defer, suspend, release or cancel enrolment is rejected, I have the right to appeal the decision according to the Complaints and Appeals Policy and Procedure, within 20 working days of the decision. Please refer to Complaints and Appeals Policy and Procedure within the Student Handbook at <https://ihsi.com.au>
- ☐ I have read and understood the refund policy available from the institute available in the Student Handbook on the website, and I am aware that refund decision will be made as per the policy.
- ☐ I declare that the information provided in this application is accurate. I understand that I will be contacted to have a face-to-face meeting with Student Support/ Admissions officer and I agree to attend the meeting. I understand that if my suspension of the studies will be approved, then my current CoE may be varied/cancelled or I will need a new CoE.
- ☐ I understand that I will pay my all-outstanding fees till the date of approval of my withdrawal application.
- ☐ I provided all the documents required:
- CoE from the new provider (attached to the application)
 - Reasons why I want to transfer – I already detailed the reason above
 - Other documents requested by Student Admin (attached)
 - Other

Signature:	Date:
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Refund details (if applicable for students who did not enroll) – Student to fill in	
Please fill in the bank details in block letters and ensure all details are correct.	
Account Holder Name	
Bank Name	
Bank Address	
Branch Number (BSB)	
Account Number	
SWIFT Code (oversea refund only)	
Refund application form was filled in	<input type="checkbox"/> YES <input type="checkbox"/> NO

Instructions to IHSI Student Support/Admin: Please fill in all the relevant sections after you checked the information and evidence provided by the student, which must be attached to the application.

Please file the information in RTOManager (scanned) and in the Student file.

APPEAL details (if applicable) – IHSI staff to fill in	
An appeal process was invoked:	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
Dates for all correspondence with the student:	
Appeal form completed by student	
Date of appeal	
Appeal decision	
Appeal decision date	
Appeal decision maker (name)	
Was the student informed of the decision of the appeal	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the student invited to pursue an	<input type="checkbox"/> YES

external appeal pathway to the Commonwealth Ombudsman (if the internal appeal decision was upheld)	<input type="checkbox"/> NO
Has the student advised in writing he/she will appeal externally to the Commonwealth Ombudsman:	<input type="checkbox"/> YES <input type="checkbox"/> NO
External Appeal completed on date	
Decision of external appeal (please details)	

Internal processes – IHSI staff to fill in

Finance department/Accounts	<input type="checkbox"/> No – Outstanding fees <input type="checkbox"/> Yes – Outstanding fees of \$_____ must be cleared. <input type="checkbox"/> Eligible for refund of \$_____ <input type="checkbox"/> N/A Name:..... Date:..... Signature:.....		
Academic Department	Academic Progress: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory Attendance: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory Name:..... Date:..... Signature:		
Comments			
All applicable supporting documents were attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Does the Application require follow up (if yes list what is required)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Deferment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Suspension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Cancellation (by IHSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Withdrawal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Approval letter of deferment, suspension, withdrawal, or cancellation has been generated and sent to the student	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Student Refund Notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Copy of the Approval letter is recorded in the student file	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The appropriate government agency(s) have been notified of the result of the student's request (via PRISMS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Trainer/Assessor notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Student Management System Updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Accounts Notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Administrative tasks processed by			
Date			
Signature			

Please write the grounds for rejection below (if applicable):

Internal processes – IHSI staff to fill in

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External processes – IHSI staff to fill in

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IHSI
International Health &
Science Institute

International Health & Science Institute

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Ph: +61-2-8806 6777

Email: info@ihsi.com.au Web: <https://www.ihsi.com.au>

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Refund Calculation (if not applicable, please write N/A)

Financial and PRISMS – IHSI staff to fill in

Refund authorised by:.....

Signature.....

Date.....