

Cancellation / Withdrawal Application Form

Cancellation/withdrawal is when a student is removed from the current course enrolment before they have formally completed the planned training. This student will not be eligible for any subsequent courses for which they may also be registered. A cancellation/withdrawal can be initiated by the student or AUIPTLC.		
<input type="checkbox"/> Domestic Student	<input type="checkbox"/> International Student	
STUDENT DETAILS		
Family name:	Given name:	
Student ID:	Date of Birth:	
Student email address:	Mobile/Phone:	
CANCELLATION DETAILS		
<input type="checkbox"/> General English	<input type="checkbox"/> English for Academic Purposes	<input type="checkbox"/> IELTS Preparation
Course start date:	Course finish date:	
REASON FOR REQUEST		
<input type="checkbox"/> Course cancelled or rescheduled by AUIPT	<input type="checkbox"/> Natural disaster	
<input type="checkbox"/> Refused student visa	<input type="checkbox"/> Traumatic experience	
<input type="checkbox"/> Medical reasons or illness	<input type="checkbox"/> Major political upheaval	
<input type="checkbox"/> Family/Personal/Financial reasons	<input type="checkbox"/> Non-payment of tuition fees	
<input type="checkbox"/> Death of a close family member	<input type="checkbox"/> Misbehaviour by the student	
<input type="checkbox"/> Breach of course progress or attendance requirements	<input type="checkbox"/> Transferring to a course with another education Provider (MUST provide Letter of Offer from provider)	
Other compassionate and compelling circumstances: Please provide details below.		
You need to provide evidence/documentation to support your request. Otherwise, your application may be refused.		
Examples of required evidence: Notice from Home Affairs refusing visa application, airline tickets departure & return if the student is required to return home, medical certificate, finance notice of nonpayment of tuition fees, other providers Letter of Offer.		
Do you require a release letter? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, please submit a separate statement outlining your reasons for seeking to change providers together with any relevant supporting documentation and a copy of the Application for release form)</i>		
VISA INFORMATION		
Should you wish to cancel your course due to compassionate or compelling circumstances, you must complete this Cancellation/Withdrawal Application Form and submit the form to AUIPT Group PTY LTD trading as AUIPT Language College (AUIPTLC) before the required Date of cancellation.		
This written application must be accompanied by sufficient documentary evidence in support of your request to be assessed and approved by AUIPTLC.		
Please note that the process of cancelling your enrolment may affect your student visa. You are therefore advised to contact the Department of Home Affairs (DHA) should you have any enquiries. DHA contact information is available on the DHA website (www.border.gov.au).		

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STUDENT DECLARATION		
<input type="checkbox"/> I have read and fully understand ELICOS Deferral, Suspension, and Cancellation Policy		
<input type="checkbox"/> I understand that I can complete an internal appeal process in accordance with the ELICOS Complaints and Appeals Policy available on the Institute website: https://www.auiptlc.edu.au		
<input type="checkbox"/> I understand that completing this form does not guarantee cancellation/withdrawal from studies when the application has been requested by me. I have provided accurate and complete information. I acknowledge and understand that the provision of incorrect information may lead to the cancellation of my enrolment and student visa.		
<input type="checkbox"/> I understand that I have a right to appeal through AUIPTLC's internal complaints and appeals process, in accordance with Standard 10 (Complaints and appeals) of the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (CRICOS Standards), within 20 working days of this application not being approved.		
Student Signature:	Date:	
FOR OFFICE USE ONLY		
Date of submission:	Staff name:	Staff signature:
Application approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Required evidence attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
If not approved, why?		
Staff Name:	Staff Signature:	Date:
Further Comments:		