



ESOS Standard 13

Deferment, suspension and cancellation request of a course

Office Use Only	
Student ID:	_____
Student Name:	_____

*** Section A: Personal Information**

Student Number: _____	Student Name: _____
Contact number: _____	E-mail Address: _____
Date of Birth: ____ / ____ / ____	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Passport Number: _____	Visa Expiry Date: ____ / ____ / ____
Course Enrolled: _____	Under 18 Student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Course Commencement Date: ____ / ____ / ____	Course Completion Date: ____ / ____ / ____

Please Note: for under 18 students, please attach a written approval from a parent or legal custodian supporting the request.

*** Section B: Request Information (Please select one of the following requests)**

I request Deferral of course Defer to: _____ (Semester) _____ (Year)

Suspension of course Suspend to: _____ (Semester) _____ (Year)

Cancellation of course

Reasons for my request: _____

Supporting evidence: _____

*** Section C: Visa Information**

Please Note: Deferring, suspending or cancelling an enrolment may affect your student visa. All students are advised to contact their local DIAC office or refer to www.immi.gov.au or call helpline (131 881) for further information.

*** Section D: Declaration**

I declare that the information provided above is true and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the process of my application.

Student's signature: _____ Date: ____ / ____ / ____

Parent's or legal custodian's signature (if under 18): _____ Date: ____ / ____ / ____



Office Use Only

Student ID: _____

Student Name: _____

Date received:

Officer Initials:

*** Section B: Decision from AITI**

Approved

Disapproved Reasons: _____

Manager's signature: _____

Date: ____/____/____

*** Section C: Admission Record**

CoE variation has been conducted

All relevant documentations placed in student file

Admission Officer's signature: _____

Date: ____/____/____

*** Section D: Accounting Record**

Accounting comment: _____

Accounting manager's signature: _____

Date: ____/____/____