

REQUEST TO DEFER, SUSPEND OR CANCEL TRAINING**CURRENT DETAILS ON FILE**

LEARNER: _____ USI NUMBER: _____

CURRENT ADDRESS: _____

CONTACT NUMBER: (Mobile) _____ Home: _____

EMAIL ADDRESS: _____

COURSE ENROLLED IN: _____

NATURE OF REQUEST:

SUSPENSION

WITHDRAWAL (Circle the appropriate request)

Circumstances requiring the suspension or withdrawal

Do the circumstances require you to leave Australia: Yes/No

If Yes

What is your departure date and time?

Date: _____ Time: _____

What are your departure travel arrangements?

Airline: _____ Flight No: _____

Have you advised the Border Force? Yes/No

Have you advised your Education Agent? Yes/No

What date do you expect to resume your studies? _____

What is your arrival date and time?

Date: _____ Time: _____

REQUEST TO DEFER, SUSPEND OR CANCEL TRAINING

What are your return travel arrangements?

Airline: _____

Flight No: _____

Have you advised the Border Force?

Yes/No

Have you advised your Education Agent?

Yes/No

Will you need any additional assistance on your return to study? Yes/No

If Yes

What additional assistance will you need? _____

OFFICE USE ONLY

Suspension/withdrawal entered in system:

YES/NO

Date entered in system:

____ / ____ / ____

Date completed form placed in participant file:

____ / ____ / ____

Name of learner completing change: _____

CEO notified:

YES/NO

Date CEO notified:

____ / ____ / ____

Date suspension/withdrawal approved

____ / ____ / ____

Secretary, Dept. of Education notified:

YES/NO

Date Secretary, Dept. of Education notified:

____ / ____ / ____