

Enrolment Cancellation Form

Australian International Student Off-Shore Student

Student Name:

Student ID: IIT..... **Date of Birth:**

Address:

.....

Contact No. (Ph.) **(Mobile)**.....

Email:

International students must state the reason for cancelling their program as International Institute of Training Pty Ltd T/A International Institute of Training (referred as IIT) is obliged to report the cancellation to the Department of Home Affairs (DHA). Also, all supporting documents should be attached with this form. Please refer to Fee payment and Refund Policy for any applicable refunds. You can find refund policy at our reception and on our website www.iitraining.vic.edu.au.

Please choose the courses below for the cancellation.

SELECT COURSE	Qualification	CRICOS Course Code
[]	AUR30620 - Certificate III in Light Vehicle Mechanical Technology	110448H
[]	AUR40216 - Certificate IV in Automotive Mechanical Diagnosis	110449G
[]	AUR50116 - Diploma of Automotive Management	110450C
[]	BSB50420 - Diploma of Leadership and Management	110451B
[]	BSB60420 - Advanced Diploma of Leadership and Management	110452A
[]	SIT30821 - Certificate III in Commercial Cookery	111490J
[]	SIT40521 - Certificate IV in Kitchen Management	111491H
[]	SIT50422 - Diploma of Hospitality Management	111492G

Please specify the reason for cancellation of your enrolment:

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Students are requested to complete the section below if enrolment is being cancelled based on Transfer between another provider.

Transfer to another provider - Request Detail:

Requests will not be processed until supporting documents are provided.

You will have to provide the following evidence for International Institute of Training to be able to process your application request:

1. A copy of a valid enrolment offer letter with an approved provider
2. A letter explaining the reasons for your transfer request.

International Institute of Training has the right to refuse **students release requests made within the first six (6) months of Their Principal course**. Please refer to International Institute of Training Policies and Procedures or your Student Handbook.



Student's Signature: Date:

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For Office Use Only

Received by:

Signature: Date:

If enrolment is cancelled based on transfer between providers (complete the sections below)

Decision	
Release approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason :	_____
Comments (If any)	_____
Date Letter Issued to Student:	_____
Signature:	Staff full name: _____
Date:	