



## Amendment to Enrolment Form

This form is for students on student visa wishing to Defer, Suspend, Withdraw or Transfer.

Please read the Applicant's Declaration section of this form carefully.

Before submitting this form, you should make sure that you understand that your decision to change your enrolment could have one or more of the following consequences

- effect the completion date of your course
- result in loss of fees where no refund is due according to the Terms and Conditions of your enrolment
- may cause you to have to undertake additional studies if a course or part of a course is changed during the term of a deferment
- effect your Student Visa (if applicable)

<b>Section A: Personal Details</b>			
Student Number			
Family Name		Given Name	
Title (tick box)	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____		
Date of Birth (DD/MM/YYYY)			
Postal Address			
Suburb		Postcode	
Mobile Number		Email	
<b>Section B: Course Details</b>			
Course Code			
Course Title			
<b>Section C: Defer</b>			
Do you wish to defer / suspend your study until a later time?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, when do you plan to start your course?	<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> Term 4		
If YES, please provide reasons:	<input type="checkbox"/> Medical (attach documentation)		
	<input type="checkbox"/> Compassionate &/ Compelling		
	<input type="checkbox"/> Other		
If you defer your course offer, you will be guaranteed your offer but are choosing to delay starting your course.			
<b>Section D: Withdraw</b>			
Do you wish to withdraw from the course?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please provide reason:	<input type="checkbox"/> Unable to obtain student visa		
	<input type="checkbox"/> Medical (attach documentation)		
	<input type="checkbox"/> Financial reason		
	<input type="checkbox"/> Other		
Do you wish to request tuition refund?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please complete a Refund Request Form.			





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<b>Section E: Transfer</b>			
Do you wish to transfer to another institution?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please provide the name of your new education provider:			
Do you require a letter of release	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please attach a copy of the offer for the new program:			
<b>Section F: Internal Transfer</b>			
Do you wish to transfer to other campus?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please provide the name of your new course and campus location:			
Do you wish to transfer to another course within AIBT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, which course:			
<b>Section G Applicant's Declaration</b>			
<p>I authorise Adelaide Institute of Business and Technology to make relevant enquiries where necessary and in accordance with legislation regarding my academic qualifications and any work experience related to my application or matters that concern enrolment.</p> <p>I declare that the information supplied on this form and the information given in support of my application is correct and complete.</p> <p>I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application or a withdrawal of the offer of a place.</p>			
Applicant's Signature		Date	

<b>Office Use Only</b>			
<input type="checkbox"/> Accept Application <input type="checkbox"/> Reject Application			
Comment			
Approval Signature		Date	