CENTRAL MELBOURNE INSTITUTE
EXCELLENCE IN EDUCATION
Level 6 460 Bourke Street Melbourne 3000 Ph: 03 8637 7700 E- mail: info@cmi.vic.edu.au

DEFERRAL, SUSPENSION OR CANCELLATION REQUEST FORM

Deferment/Suspension/Cancellation Fee: $300

STUDENT DETAILS	
Student Full Name	
Student ID	
Course Name	
CRICOS Course Code	
Contact Number	
Email Address	

TYPE OF REQUEST (Please select one)

☐ Deferral – Before course commencement (attach supporting evidence)

☐ Suspension – Temporary break from study (attach documents)

☐ Cancellation – Permanent withdrawal from course

Is this request: ☐ Student-initiated ☐ Provider-initiated (Academic/Conduct/Other)

REASON FOR REQUEST (Please tick all relevant boxes and provide documentation)

☐ Compassionate or compelling circumstances (e.g. illness, family emergency)

☐ Personal reasons (explain below)

☐ Academic progress intervention plan in place

☐ Misconduct (provider-initiated only)

☐ Visa delay/refusal (attach documents)

☐ Employment-related (not valid for CRICOS)

☐ Other: …….

Please attach supporting documentation such as medical certificates, visa notifications, or counselling letters.

REQUESTED DATES OF CHANGE	
Action	**Date**
Start of deferral/suspension/cancellation	____ / ____ / 20____
Expected return (if applicable)	____ / ____ / 20____

IMPORTANT INFORMATION FOR STUDENTS

- Submitting this form does not guarantee approval.
- All requests must be supported with appropriate documentation.
- Changes to your enrolment may affect your student visa. You are advised to contact the Department of Home Affairs.
- If your request is approved, your COE will be updated in PRISMS accordingly.
- If this is a provider-initiated action, you have the right to appeal the decision within 20 working days under the Complaints and Appeals Policy.

STUDENT DECLARATION

I declare that the information provided above is accurate and supported by appropriate documentation. I understand the implications for my visa and enrolment.

Student Signature: _____

Date: ____ / ____ / 20___

RTO OFFICE USE ONLY	
Request Received By / Date	_____ on ____ / ____ / 20____
Action Taken	☐ Approved ☐ Rejected
Approved By	_____
Date Processed	____ / ____ / 20____
Notes	……..
PRISMS Updated	☐ Yes ☐ Not Applicable
Student Notified	☐ Yes ☐ No