

CHANGE MY ENROLMENT FORM

Use this form to apply for enrolment

DEFERRAL, SUSPENSION OF STUDIES, VARIATION, WITHDRAWAL

Date: _____

Student Name: _____

Address and Phone: _____

Course Enrolled: _____

☐ **DEFER** my enrolment (you have been given an offer but wish to change the date you start your course)

☐ **VARY MY SUBJECT LOAD** (you have started but wish to vary your subject load)

☐ **SUSPEND** my enrolment (you wish to temporarily suspend your studies)

☐ **WITHDRAW** (Withdraw from the course and cancel my enrolment)

(Tick which one applies to you)

☐ I have accessed and read the college's **LCAD Deferral, Suspension, Withdrawal policy and procedures**, as listed on the college website at <https://lcad.edu.au/policies-and-information/> and understand the conditions under which this application is made.

Please detail your reasons for making this application. Please include dates relevant to your plans:

(If required, please attach any supporting documentation for your application)

I am also aware that any decision to grant my application to change my enrolment may affect my study visa if I am an overseas visa student. If my application to change my enrolment is for more than 28 days, I may be required to return to my home country unless approved by the Department of Home Affairs.

Signature of Student

Office use only

☐ Details ADDED to the student details in the SMS?

☐ Has this form been filed in the student's file?

☐ Has a note been added to Student Monitoring?