



Deferral Suspension Cancellation Withdrawal (DSCW) Form

Section 1 – Client Details

Name:		Student ID	
Contact Tel:		Mobile:	
Email:			
Qualification/s / Course/s:		Course Start Date:	/ /

Section 2 – Change Details at student request

<input type="checkbox"/> I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.			
Withdrawal Date:	/ /		
Withdrawal Reason:			
Signature		Date:	/ /
<input type="checkbox"/> I wish to defer to another course date. I understand my deferral will be subject to course availability.			
Transfer to Date:	/ /	or	/ /
Transfer Reason:			
Signature		Date:	/ /
<input type="checkbox"/> I wish to Transfer to another course. I understand there may be further fees involved.			
Course Transfer Date:	/ /		
Course Transfer Reason:		New Delivery Mode:	<input type="checkbox"/> Classroom
			<input type="checkbox"/> Correspondence
			<input type="checkbox"/> Online



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Signature		Date:	/ /
<input type="checkbox"/> I wish to cancel my enrolment in this course. I understand that my enrolment has an expiry date.			
Defer to Date:	/ /		
Deferral Reason:			
Signature		Date:	/ /

Section 3 – Change Details at provider’s request

<input type="checkbox"/> Australian Tertiary Institute wishes to cancel the student’s enrolment in this course.			
Defer to Date:	/ /		
Deferral Reason:			
Signature		Date:	/ /
<input type="checkbox"/> Australian Tertiary Institute wishes to suspend the student’s enrolment in this course.			
Defer to Date:	/ /		
Deferral Reason:			
Signature		Date:	/ /

Section 4 – Authorisation

Finance has cleared this request				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Requested Change has been approved?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature:		Finance Position:			
Signature:		Position:			
Print Name:		Date Processed:			
Admin Use Only					
Changed in SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /	
Logged By:		Signature:			



Formal Letter/Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Sent By:			Signature:	