

## CHANGE OF ENROLMENT FORM

CHOOSE YOUR COLLEGE:

Melbourne Metropolitan College

Langford English College

### Student details

|                 |               |
|-----------------|---------------|
| Student Name    | Student ID    |
| Course Enrolled |               |
| Email           | Mobile Number |

Please mark with an X what you are applying for:

### Request details

|                          |   |                                   |                            |
|--------------------------|---|-----------------------------------|----------------------------|
| <input type="checkbox"/> | DEFER Enrolment - Deferment of enrolment is for the students who have not yet commenced their course and are requesting to postpone the start date, based on evidence which MUST be provided.   | Original Commencement Date<br>/ / | Date Deferred Until<br>/ / |
| <input type="checkbox"/> | SUSPEND Enrolment - Suspension of enrolment is for the students who have commenced their course and wish to temporarily suspend their studies ONLY due to Compassionate grounds.  | Suspension Effective From<br>/ /  | Until<br>/ /               |
| <input type="checkbox"/> | EXTEND Enrolment - Extension of enrolment is for the students who wish to complete their course by further extending the completion date of the CoE. This request will be assessed as per the student course progress and on compassionate grounds. | Date Extended Until<br>/ /        |                            |
| <input type="checkbox"/> | CANCEL Enrolment - cancellation of a student's enrolment is to terminate or end it within ten (10) days from date of this form lodgment, and change course enrolment status to CANCELLED On PRISMS.   |                                   |                            |

### Please provide the reasons for your request

International students must state the reason and provide documentation for variation to enrolment. Please see the web link <http://international.education.gov.au>. Melbourne Metropolitan College is obliged to report this information to the Department of Home Affairs. Please ensure you read and understand Albright Institutes policy and procedure regarding deferral, suspension or cancellation of enrolment. If you are not satisfied with the decision in relation to your application, you may appeal against this decision within 20 working days.

For Deferral, Suspension, or Cancellation of Enrolment; please indicate the grounds on which

Applying MEDICAL GROUNDS

COMPASSIONATE OR COMPELLING CIRCUMSTANCES

Supporting documentation for application MUST be provided and an original or certified copy needs to be attached to this application

Please indicate those which attached:

Medical Certificate (s)  Visa refusal letter from DIBP

Return Air Ticket  Other (Please Specify)

Death Certificate

Even though Melbourne Metropolitan College may approve your application for a change of enrolment status, the Department of Home Affairs may not accept the reasons provided and may proceed to cancel your visa and may impose a year's ban on reapplication for a student visa. Information regarding the suspension will be conveyed to the Department of Home Affairs which is likely to make inquiries concerning the reasons for deferral and are able to check movement records to determine whether the student has left Australia. It is strongly advised that you contact the Australian embassy in your home country to check the status of your student visa before attempting to travel back to Australia.

|                      |                   |      |   |   |
|----------------------|-------------------|------|---|---|
| Print Name (Student) | Student Signature | Date | / | / |
|----------------------|-------------------|------|---|---|

Change of Enrolment Form

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### For administration use only – Partial completion

|  |          |        |           |      |     |
|--|----------|--------|-----------|------|-----|
| Satisfactory Progress                  | Yes      | No     | Comments  |      |     |
| Name                                   |          |        | Signature | Date | / / |
| Statement of Attainment Issue Approved | Approved | Denied | Comments  |      |     |
| Name                                   |          |        | Signature | Date | / / |

### For administration use only – Partial completion

|                            |                                   |                                 |           |      |     |
|----------------------------|-----------------------------------|---------------------------------|-----------|------|-----|
| Account s Approval         | Approved                          | Denied                          | Comments  |      |     |
| Name                       |                                   |                                 | Signature | Date | / / |
| AAC Approval               | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | Comments  |      |     |
| Name                       |                                   |                                 | Signature | Date | / / |
| CEO (or delegate) Approval | Approved <input type="checkbox"/> | Denied <input type="checkbox"/> | Comments  |      |     |
| Name                       |                                   |                                 | Signature | Date | / / |
| PRISMS Updated             | Yes <input type="checkbox"/>      | No <input type="checkbox"/>     | Comments  |      |     |
| Name                       |                                   |                                 | Signature | Date | / / |