



Enrolment Cancellation Form

Australian International Student

Off-Shore Student

Student Name:

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Student ID: **Date of Birth:**

Address:

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Contact No. (Ph.) **(Mobile)**

Email:

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International students must state the reason for cancelling their program as M.S Aviation Pty Ltd trading as Australian School of Commerce (referred as ASOC) is obliged to report the cancellation to the Department of Home Affairs (DHA). Also, all supporting documents should be attached with this form. Please refer to Fee payment and Refund Policy for any applicable refunds. You can find the refund policy at our reception and on our website <https://www.asoc.edu.au/>

Please choose the courses below for the cancellation.

SELECT COURSE	Qualification	CRICOS Course Code
[]	BSB50120 Diploma of Business	108692C
[]	BSB60120 Advanced Diploma of Business	108693B
[]	BSB40920 Certificate IV in Project Management Practice	107346G
[]	BSB50820 Diploma of Project Management	107347F
[]	BSB60720 Advanced Diploma of Program Management	107348E
[]	BSB80120 Graduate Diploma of Management (Learning)	107349D
[]	SIT30821 - Certificate III in Commercial Cookery	109845E
[]	SIT40521 - Certificate IV in Kitchen Management	109503E
[]	SIT50422 - Diploma of Hospitality Management	111704M

Please specify the reason for cancellation of your enrolment:

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Students are requested to complete the section below if enrolment is being cancelled based on Transfer between another provider.

Transfer to another provider -Request Detail:

Requests will not be processed until supporting documents are provided.

You will have to provide the following evidence for Australian School of Commerce to be able to process your application request:

1. A copy of a valid enrolment offer letter with an approved provider.
2. A letter explaining the reasons for your transfer request.
- 3.

Australian School of Commerce has the right to refuse **students release requests made within the first six (6) months of Their Principal course**. Please refer to the Australian School of Commerce Policies and Procedures or your Student Handbook.

Student's Signature: Date:

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For Office Use Only

Received by:

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Signature: Date:

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If enrolment is cancelled based on transfer between providers (complete the sections below)

Decision

Release approved? Yes No

Reason:

Comments (If any)

Date Letter Issued to Student:

Signature:

Staff full name:

Date: