

ENROLMENT CANCELLATION FORM

Instructions for Students

- Use this form if you wish to cancel or withdraw from your enrolment at ASOC.
- Attach supporting documents (required for international students).
- Read in conjunction with ASOC's Deferral, Suspension and Cancellation Policy, Transfer between Providers Policy, and Fee Payment & Refund Policy.
- Cancellations may affect your visa. Please contact DHA for advice before submitting this form.

☐ Onshore Student

☐ Off-Shore Student

Student Name:

Student ID: **Date of Birth:**

Address:

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

Email:

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 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:

Would you like to meet with the Student Support or Wellbeing Officer to discuss compassionate or compelling circumstances before proceeding with cancellation?

☐ Yes (If Yes, please also complete a Student Support Request Form)

☐ No

Important Note

If your cancellation request is due to a transfer between another provider, you must also complete a separate Release Request Form available on our website and at reception in accordance with National Code 2018 Standard 7.

This Enrolment Cancellation Form alone will not process transfer requests.

Terms and Conditions:

- I understand that if I am seeking a fee refund, I must also complete a separate Refund Application Form.
- I understand I may not be eligible for any fee refund if I have not met the terms and conditions outlined in the Fee Payment and Refund Policy.
- Where the cancellation of enrolment has been initiated by ASOC, I am entitled to 20 working days to access the internal Feedback, Complaints and Appeals Process to contest the decision.
- I authorise ASOC to obtain further supporting information or official student records from other institutions where necessary in relation to this application.
- I acknowledge that ASOC will use and manage my personal information in accordance with its Records Management Policy and Privacy Policy.
- I understand that cancellation of my enrolment may impact my student visa and that ASOC is required to report cancellations to the Department of Home Affairs (DHA) via PRISMS.
- I have read ASOC's Deferral, Suspension and Cancellation Policy and understand that changes to my enrolment may result in a change to my CoE and visa status.
- I declare that all information provided on this form is correct and complete in every detail, and I understand that providing false or misleading information may result in rejection of my application.
- I also understand the consequences of cancelling my enrolment before a new visa is granted if my visa is still being processed.
- I have been informed that I may access ASOC's Student Support and Wellbeing Services to discuss my circumstances before finalising this cancellation.
- I acknowledge that ASOC has advised me to contact the Department of Home Affairs (DHA) for advice regarding any potential impacts on my visa before submitting this application.
- By signing this form, I confirm that I have read, understood, and agree to the terms and conditions regarding the cancellation of my enrolment.
- I understand that personal information collected on this form will be managed in accordance with the Privacy Act 1988 and ASOC's Privacy Policy.

Student's Signature: Date:

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FOR OFFICE USE ONLY

Received by:

Signature: Date:

☐ Valid supporting documents are attached

If cancellation relates to transfer between providers, confirm that a Release Request Form has been completed:

☐ Yes ☐ No

Staff Comments (if any):

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