DISCONTINUATION OF ENROLMENT FORM



ONLY LODGE THIS FORM IF YOU WISH TO WITHDRAW FROM A COURSE AND TERMINATE YOUR ENROLMENT AT THE INSTITUTE						
Given Name:	Family Name:					
Date of Birth:	Student ID:					
Phone Number:	Personal Email:					
Enrolled/Current Course:						
Reason for discontinuation of enrolment:						
Attached supporting documentation 1. 2. 3.						
Are you also lodging an application for a refund? □ Yes (please complete and attach the Application for Refund Form) □ No						
Please use additional pages if necessary and attach them to this form.						
STUDENT DECLARATION ☐ I have read and understood the Institute's Student Enrolment Policy and Procedure (International/Domestic as appropriate)						

Note: If you are an international student and your application for discontinuation of enrolment is approved, it will be reported to the relevant government departments. Be aware of the potential impacts this may have on your visa status and consult with qualified professionals if necessary.

Date:

Applicant's Full Name:

Signature:

DISCONTINUATION OF ENROLMENT FORM



Office Use Only (to be completed by the AIIHE staff)					
Reference Number:					
Received on:			Acknowledged on:		
Responsible officer:					
Interview or further information requested:	□ Yes [□ No	If yes, when:		
Outcome of review:					
Written response provided to the student on:					
Refund payment made on:					
Required actions completed on:					
Notification of discontinuation of enrolment on PRISMS on: (for international students only)					