

# Deferral Suspension Cancellation Withdrawal (DSCW) Form

## Section 1 – Student Details

|                                |  |                     |     |
|--------------------------------|--|---------------------|-----|
| <b>Name:</b>                   |  |                     |     |
| <b>Contact Tel:</b>            |  | <b>Mobile:</b>      |     |
| <b>Email:</b>                  |  |                     |     |
| <b>Qualification / Course:</b> |  | <b>Course Date:</b> | / / |

## Section 2 – Change Details at student request

|  |            |                           |  |
|--|------------|---------------------------|--|
| <input type="checkbox"/> <b>I wish to withdraw from this course.</b> I understand I need to abide by the Refunds Policy.                 |            |                           |  |
| <b>Withdrawal Date:</b>  | / /        |                           |  |
| <b>Withdrawal Reason:</b>  |            |                           |  |
| <b>Signature</b>   |            | <b>Date:</b>              | / /  |
| <input type="checkbox"/> <b>I wish to defer to another course date.</b> I understand my deferral will be subject to course availability. |            |                           |  |
| <b>Transfer to Date:</b>   | / / or / / |                           |  |
| <b>Transfer Reason:</b>  |            |                           |  |
| <b>Signature</b>   |            | <b>Date:</b>              | / /  |
| <input type="checkbox"/> <b>I wish to Transfer to another course.</b> I understand there may be further fees involved.                   |            |                           |  |
| <b>Course Transfer Date:</b>   | / /        |                           |  |
| <b>Course Transfer Reason:</b>   |            | <b>New Delivery Mode:</b> | <input type="checkbox"/> Classroom<br><input type="checkbox"/> Correspondence<br><input type="checkbox"/> Online |
| <b>Signature</b>   |            | <b>Date:</b>              | / /  |
| <input type="checkbox"/> <b>I wish to cancel my enrolment in this course.</b> I understand that my enrolment has an expiry date.         |            |                           |  |
| <b>Defer to Date:</b>  | / /        |                           |  |
| <b>Deferral Reason:</b>  |            |                           |  |
| <b>Signature</b>   |            | <b>Date:</b>              | / /  |

**Section 3 – Change Details at provider’s request**

|  |     |              |     |
|--|-----|--------------|-----|
| <input type="checkbox"/> Ultimate Institute of Australia wish to cancel the student’s enrolment in this course.  |     |              |     |
| <b>Defer to Date:</b>  | / / |              |     |
| <b>Deferral Reason:</b>  |     |              |     |
| <b>Signature</b>   |     | <b>Date:</b> | / / |
| <input type="checkbox"/> Ultimate Institute of Australia wish to suspend the student’s enrolment in this course. |     |              |     |
| <b>Defer to Date:</b>  | / / |              |     |
| <b>Deferral Reason:</b>  |     |              |     |
| <b>Signature</b>   |     | <b>Date:</b> | / / |
|  |     |              |     |

**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 |
| <b>Signature:</b>                   |                              | <b>Finance Position:</b>    |                   |                              |                             |
| <b>Signature:</b>                   |                              | <b>Position:</b>            |                   |                              |                             |
| <b>Print Name:</b>                  |                              | <b>Date Processed:</b>      |                   |                              |                             |
| <b>Admin Use Only</b>               |                              |                             |                   |                              |                             |
| <b>Changed in SMS:</b>              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Date:</b>      | / /                          |                             |
| <b>Logged By:</b>                   |                              |                             | <b>Signature:</b> |                              |                             |
| <b>Formal Letter/Email Sent:</b>    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Date:</b>      | / /                          |                             |
| <b>Sent By:</b>                     |                              |                             | <b>Signature:</b> |                              |                             |