

## Application to Amend Enrolment Form

Student Details:			
Students Name:			
Student I.D.:		Date:	
Course/s Enrolled in:			
Email Address:		Contact Number:	
Address			
Amendment Details:			
<input type="checkbox"/> Defer Enrolment <input type="checkbox"/> Suspend Enrolment <input type="checkbox"/> Cancel Enrolment <input type="checkbox"/> Withdraw Enrolment			
Please give a brief explanation of your reasons for amending your enrolment to support your application:			
I am aware of the consequences of deferring, suspending, cancelling or withdrawing my enrolment. I am also aware that the decision to grant my deferral, suspension, or cancellation of enrolment may affect my student visa. I have read the Defer, Suspend or Cancel an Enrolment Policy & Procedure available on Innovative Institute of Australia's website			
Student Name & Signature		Date:	
Please return this completed form to the college. If sending by email, please send to <a href="mailto:ceo.innovativeinstitute@gmail.com">ceo.innovativeinstitute@gmail.com</a>			
Office Use Only			
Request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Institute's Staff Signature:		Date:	