

Application to Amend Enrolment

Student Details:

Students Name:			
Student I.D.:		Date:	
Course/s Enrolled in:			
Email Address:		Contact Number:	
Address			

Amendment Details:

☐ **Defer Enrolment** ☐ **Suspend Enrolment** ☐ **Cancel Enrolment** ☐ **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:	
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Please return this completed form to the Institute. If sending by email, please send to info@innovative.edu.au

Office Use Only

Request:	☐ Approved ☐ Denied		
IIA's Staff Signature:		Date:	