

Application to Amend Enrolment Form

Student Details:							
Students Name:							
Student I.D.:			Date:				
Course/s Enrolled in:		1.	<u> </u>	ı			
Email Address:			Contact				
Address			Number:				
Amendment Details:							
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:							
аррисации.							
Lam aware of the conseque	ances of deferring	cuspending	cancelling	or withdraw	ing my an	rolment	
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 Achiev			spend of C	Lancer an L	monnent	rulley &	
Student Name & Signature	The contract websit	. C		Date:			
Student Name & Signature				Date.			
Please return this comple	eted form to the	e college.	If sending	g by email	, please	send to	
info@achieverscollege.edu.				, ,	, p		
Office Use Only							
•	T						
Request:	☐ Approved	☐ Denied	1				
Institute's Staff Signature:				Date:			

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RTO Code: 45931 CRICOS CODE: 04075D	info@achieverscollege.edu.au WWW.achieverscollege.edu.au