



Deferral/Leave/Cancellation/Withdrawal (DLCW) Form

Section 1 – Student Details

Name:			
Student ID:		USI:	
Date of Birth:		Contact/Mobile:	
Email:			
Address:			
Qualification / Course:			

Section 2 – Change Details

<input type="checkbox"/> I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.			
Withdrawal Date:	/	/	
<input type="checkbox"/> I wish to defer/leave of absence this course. I understand my deferral/leave will be subject to course schedule availability and OPIE's Policies.			
Deferment/Leave Dates:	/	/	to / /
<input type="checkbox"/> I wish to Transfer to another course. I understand there may be further fees involved.			
Course Transfer Date:	/	/	
<input type="checkbox"/> I wish to cancel my enrollment in this course. I understand I need to abide by the Refunds Policy			
Cancel to Date:	/	/	
<input type="checkbox"/> I wish to transfer to another provider. . I understand I need to abide by the Refunds Policy			
Provider transfer date:	/	/	
Name of provider:			
Proposed Course:			
Reason for the Request:			

Student Declaration

I hereby declare that I have understood the OPIE Deferral/Cancellation/Withdrawal Policy including Student Fee & Charges Policy. I also understand that this request may incur an Administration charge as described in Student Fee & Charges Policy.

Name:		Date:	/ /
Signature			



Section 4 – Authorisation (Officer Use Only)			
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	
Student has been counseled about: Visa implications	<input type="checkbox"/>	Cancellation of enrolment	<input type="checkbox"/> refunds <input type="checkbox"/>
Comments (Reason for not approving the request):			
Signature:			
Print Name:		Date Processed:	
Admin Use Only			
Changed in SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Logged By:			Signature:
Formal Letter/Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date: / /
Sent By:			Signature: