



Enrolment Cancellation, Refund and Release Request Form

Students are to complete this form when they decide to withdraw their enrolment at SCA. Students are to access the Stanford College Australia cancel enrolment policy and procedure, and International Student Fees and Refund policy and procedure prior to submitting this form. This form consists of 3 parts: Part A – Enrolment Cancellation Details; Part B – Refund Request and Part C – Release Request. Please select at least one part and fill in all the required information. Please Contact the admin team if any clarification is required on any matter.

This form should be submitted to admin@stanford.edu.au or handed in at reception

PERSONAL DETAILS			
Student ID:		Date of Birth:	
Family Name:		Given Name:	
Mobile:		Email:	
ENROLLED COURSE DETAILS			
Tick	Course Code	Course Name	
	FNS40222	Certificate IV in Accounting and Bookkeeping	
	FNS50222	Diploma of Accounting	
	FNS60222	Advanced Diploma of Accounting	
	BSB50120	Diploma of Business	
	BSB60120	Advanced Diploma of Business	
	ICT50220	Diploma of Information Technology	
	ICT60220	Advanced Diploma of Information Technology	
PART A – ENROLMENT CANCELLATION DETAILS			
Have you commenced the course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please select at least one reason below			
<input type="checkbox"/> Student Visa refusal			
<input type="checkbox"/> No study rights			
<input type="checkbox"/> Student is returning to the home country permanently			
<input type="checkbox"/> Student has changed study plan, please specify your new plan: _____			

<input type="checkbox"/> Other, please specify: _____			

Do you have evidence to support the reasons/circumstances you have selected?			
<input type="checkbox"/> No - If evidence is not provided, the application is likely to be invalid			
<input type="checkbox"/> Yes - Please attach supporting documents to this application			
Do you request the refund of your unused tuition fee <input type="checkbox"/> Yes, please complete Part B <input type="checkbox"/> NO			
Are you transferring to another institute <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, have you completed 6 months of the principal course <input type="checkbox"/> Yes <input type="checkbox"/> No, please complete Part C			

**PART B – REFUND REQUEST****Reason for Refund Request: (indicate at least one):**

- ☐ Visa refused (attach documentary evidence from DIBP)
- ☐ Withdrawing from a course due to compassionate or compelling circumstances
- ☐ I am changing education providers and I have a valid Letter of Offer from a new education provider
- ☐ I have failed to meet entry requirements/conditions on the Letter of Offer
- ☐ Withdrawing from a course due to academic issues
- ☐ Withdrawing from a course due to personal reasons
- ☐ My enrolment has been cancelled due to a breach of the visa conditions
- ☐ My enrolment has been cancelled due to a breach of Stanford College Australia policies & procedures/code of conduct
- ☐ Other, please provide details: _____

Payment Method

- ☐
- Bank Transfer

Bank name

Account No

Account name

BSB

- ☐
- Cheque

Name of the person the cheque is to be made out to:

Postal address

PART C - RELEASE REQUEST**Reason for Transfer**

- ☐ Stanford College Australia is unable to provide the course in which you are enrolled.
- ☐ The student will be reported because of not being able to achieve satisfactory course progress at the level they are studying, even after engaging with Stanford College Australia's intervention strategy to assist the student in accordance with Standard 8 (Overseas student visa requirements).
- ☐ You are experiencing a threat to your physical or mental health or safety by studying at this time and can demonstrate clearly how this will be alleviated through a deferral/ suspension/ cancellation of enrolment.
- ☐ There are exceptional compassionate circumstances beyond your control, such as serious illness or death of a close family member (independent evidence of the exceptional circumstances is required) and the exceptional compassionate circumstances have led to a change in your circumstances that makes your current and/or continued enrolment inappropriate.
- ☐ Stanford College Australia has breached the terms of the Written agreement, which has led to the deferral/suspension/cancellation request.
- ☐ You can demonstrate or prove that the reasonable expectations about your current course are not being met.
- ☐ You were provided inaccurate or incomplete information by Stanford College Australia or a Stanford College Australia's approved Education Agent prior to enrolling in the course.
- ☐ The current course of study is clearly inconsistent with the course requested in your Enrolment application.
- ☐ Other (please provide details): _____



STUDENT DECLARATION

- I declare that the information supplied on this form and the information given in support of my application is correct and complete.
- I authorise Stanford College Australia to obtain official student records from any educational institution necessary to make an informed decision about the application or matters that concern enrolment.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the assessment of my application or a withdrawal of the offer of a place.
- I declare that I have reviewed the Stanford College Australia Fees & Refund policy and procedure and understand the impact of submitting this application claiming a refund of fees I have paid to the College.
- I declare that I am aware that the decision to grant my cancellation of enrolment may affect my student visa. Where my application to cancel my enrolment is for a period of more than 28 days, I may be required to return to my home country unless approved by the Department of Home Affairs (DHA).
- I understand that I could complete an internal appeal process in accordance with Stanford College Australia's Complaint and Appeal Policy available on the Institute's website: <https://www.stanford.edu.au/>

Student Signature:

Date:

OFFICE USE ONLY

Application received by	Staff name:	Signature:	Date:
Finance Check Outstanding fees \$ _____ paid <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff name:	Signature:	Date:
Enrolment Cancellation Request <input type="checkbox"/> Granted <input type="checkbox"/> Declined <input type="checkbox"/> Further information requested Reason for decline or details of further information requested:			
Refund Request: <input type="checkbox"/> Granted <input type="checkbox"/> Declined <input type="checkbox"/> Further Information Requested Reason for decline or details of further information requested:			
Release Request: <input type="checkbox"/> Granted <input type="checkbox"/> Declined <input type="checkbox"/> Further Information Requested Reason for decline or details of further information requested:			
Approved by	Staff name:	Signature:	Date:
Application processed by <i>PRISMS and SMS updated</i> <i>The student informed of the outcome of the application</i>	Staff name:	Signature:	Date: