



VET & ELICOS Deferment / Suspension / Cancellation Form

Important Instructions

- This form is to be submitted to the QIBA Administration Department for approval.
- Outcome will be notified to you within 10 working days from the date of receipt of complete application
- Students should read the policy carefully to establish your eligibility for this form
- If you change your address during the period of suspension/deferment/cancellation please contact us to ensure your address details are updated for future correspondence
- Before your application will be considered, you must complete all the sections below and attached the documents, relevant to your application

Personal Details

Family Name:	Gender: Male Female
Given Name:	Date of Birth:
Address:	Post Code:
Mobile:	Email:
Student ID:	Campus: Brisbane Sydney
Course: VET ELICOS	
Course Name:	

Are you leaving Australia? Yes: No:

If **YES**, Please attach a copy of your travel itinerary to this application and complete the overseas contact details below as per DIAC requirements:

Unit/House:	Street:
Suburb/District:	State:
Country:	Overseas Contact No:

Applying for:

- Deferment** **Suspension** **Cancellation**

Please tick the appropriate reason:

- Financial Problem** **Unable to cope with the course taught** **Illness** **Personal Matters**
- Family Obligations** **Family Bereavement**



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QIBA Pty Ltd

ABN: 35 071 667 108

RTO Code: 5304

CRICOS Provider Code: 01515J

Others (Specify): _____

Suspension Dates Start Date: End Date:

Supporting Documentation Attached **Yes** **No**

Student Declaration:

- I declare that the information provided above is true and complete.
- I authorise QIBA 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 process of my application or withdrawal of the offer of a place.
- I understand that deferring, suspending or cancelling my enrolment may affect my current student visa

Student Signature: _____ Date: _____

OFFICE USE ONLY

Outcome: Approved Not Approved

From Date: **to**

Comments: (if applicable):

Processed by: Signature: _____ Date: _____