

# Deferral Suspension Cancellation Withdrawal (DSCW) Form

## Section 1 – Student Details

<b>Name:</b>			
<b>Contact Tel:</b>		<b>Mobile:</b>	
<b>Email:</b>			
<b>Qualification / Course:</b>		<b>Course Date:</b>	/ /

## Section 2 – Change Details at student request

<input type="checkbox"/> I wish to withdraw from this course. (Withdrawal fee applies) I understand I need to abide by the Refunds Policy.			
<b>Withdrawal Date:</b>	/ /		
<b>Withdrawal Reason:</b>			
<b>Signature</b>		<b>Date:</b>	/ /
<input type="checkbox"/> I wish to defer to another course date. I understand my deferral will be subject to course availability.			
<b>Transfer to Date:</b>	/ / or / /		
<b>Transfer Reason:</b>			
<b>Signature</b>		<b>Date:</b>	/ /
<input type="checkbox"/> I wish to Transfer to another course. I understand there may be further fees involved.			
<b>Course Transfer Date:</b>	/ /		
<b>Course Transfer Reason:</b>		<b>New Delivery Mode:</b>	<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Online
<b>Signature</b>		<b>Date:</b>	/ /

**Section 3 – Change Details at provider’s request**

GIC wish to cancel the student’s enrolment in this course.

**Date:** / /

**Reason:**

**Signature** \_\_\_\_\_ **Date:** / /

GIC wish to suspend/defer the student’s enrolment in this course.

**Date:** / /

**Suspension/Deferral Reason:**

**Signature** \_\_\_\_\_ **Date:** / /

**Section 4 – Authorisation (Staff Only)**

Finance has cleared this request  Yes  No

Requested Change has been approved?  Yes  No

**Signature:**  **Position:** CEO

**Print Name:** Fiona Parrish **Date Processed:** / /

**Admin Use Only**

**Changed in SMS:**  Yes  No **Date:** / /

**Logged By:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Formal Letter/Email Sent:**  Yes  No **Date:** / /

**Sent By:** \_\_\_\_\_ **Signature:** \_\_\_\_\_