



DSCW FORM

To apply for a **Deferral, Suspension, Cancellation or Withdrawal**, please complete all sections of this form thoroughly. Once completed, you can submit it either via email or in person at the college's reception. Our team is dedicated to processing your request as efficiently as possible.

Please be aware that refunds are only available for applicants who have not yet started their course or current students who has received a visa refusal. If this is your case, you will also need to complete the **GIC Refund Request Form** within your bank details. Refund processing may take up to 28 days. **If you have any questions or need assistance, please contact us.**

PART A: STUDENT DETAILS

Full name:			
Date of birth:		Student ID:	
Email:		Phone/mobile:	
Course(s):			

PART B: CHANGE DETAILS AT STUDENT REQUEST

☐ I wish to withdraw from this course
(\$250 application fee is nonrefundable & additional cancellation fees may apply)

Withdrawal
reason:

☐ I wish to defer to another course date
I understand my deferral will be subject to course availability.

Transfer
reason:

☐ I wish to transfer to another course
I understand there may be further fees involved.

Course
transfer
reason:

DECLARATION AND SIGNATURE

I declare that I have carefully considered my decision and discussed it with relevant staff where applicable. I understand this change may affect my academic progress, student status, and may have financial implications as per the GIC's policies. I confirm that all information provided in this form is true and accurate to the best of my knowledge.

Student Signature:

Date:



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Miami, Queensland 4220

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CRICOS: 03568B
ABN: 33 612 255 802



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PART C: CHANGE DETAILS AT PROVIDER'S REQUEST

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

Cancellation
reason:

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

Suspension/
Deferral
reason:

DECLARATION AND SIGNATURE

I declare that the student has been notified of this decision and understands its implications. I confirm that this action complies with GIC's policies and procedures, and all supporting documentation has been reviewed. I certify that the information provided in this form is true and accurate to the best of my knowledge.

Staff Signature:

Date:

PART D: AUTHORISATION BY ACCOUNTS

DSCW status:

☐ Approved
☐ Denied

IF denied,
describe the
reason:

Staff name:

Position:

Signature:

Date:

PART E: ADMIN USE ONLY

Processed by:

Position:

Student's
status updated:

☐ Yes
☐ No

Email sent
confirming:

☐ Yes
☐ No

Signature:

Date:

Comments/Notes:
(for internal use only)