



Student Request to Defer/ Suspend/ Cancel a course.

Please note that all requests are **subject to approval** and subject to assessment against Mid City College's Deferral, Suspension and Cancellation Policies.

Date: Student ID:

Given Name: Last Name:

Course:

Mobile: Email Address:

Please select one of the following

I would like to **suspend** my course for a period.

Reason:

- Returning to home country (submit Airline Ticket)
- Medical reason (submit Medical Certificate)
- Other (please detail in attached letter)

Dates From: To:

I would like to **cancel** my course.

Reason:

- Returning to home country permanently (submit Airline Ticket)
- Medical reason (submit Medical Certificate)
- Applying/Applied for Another Visa (submit DIBP letter)
- Granted Another Visa (submit VISA Copy)
- Transferring to another institution & I need offer letter (attach offer letter)
- Transferring to different course within same institution.
- Other (please detail in attached letter)

Dates From: To:.....



Mid City College

The Evolution of Training
Canberra

MID CITY EDUCATION PTY LTD
RTO Code: 45100 CRICOS Code: 03627G
Address: Unit 22-24, Level 4, 28 University Avenue, Canberra, ACT 2601
Phone: 02 8052 3231 Email: info@midcity.edu.au
Website: www.midcity.edu.au

Y I would like to *defer* my course.

Reason:

Y Visa not yet granted.

Y Current course not yet complete (provide current CoE)

Y Medical reason (submit Medical Certificate)

Y Other (please detail in attached letter)

Dates From: To:

Have you read Mid City College's refund policy? Yes No

Do you also require a refund? Yes No

Students Signature: Date:

Office Use Only

Have any supporting documentation/evidence been verified and approved? Yes No

Comments:

Approved By:

Officer Signature:

Date: