

International Office Use Only
Received By:
Date:



REQUEST FOR WITHDRAWAL/RELEASE/DEFERRAL

This form is to be completed by students who wish to apply for Withdrawal, Release or Deferral from their course at TAFE SA. If a refund is required a Request for Refund of International Student Tuition Fees form will need to be completed.

If the course has already commenced, after completing Section A students must liaise with their Program Group to have Section B completed. Once Sections A and B are completed, please return the form, together with your supporting documents, to TAFE South Australia, International Unit (tafesa.international@tafesa.edu.au) Supporting documents may include Visa Refusal Letter from DIBP, acknowledgement from the program area that course requirements have been met for a lower qualification, medical evidence, etc.

Administration fee: a **A\$200** fee is payable for all deferrals. This form will not be processed without payment which can be made via myTAFE (please attach copy of receipt to this form).

Section A: Personal details

Full name:			
TAFE SA ID Number:			
Address:	Suburb:	State:	Postcode:
Email:			
Telephone:	Home:	Mobile:	
Date of Birth:			
Course Name:			
Course Start Date:			
Last Date Attended Class:			

Is this course packaged with any other TAFE South Australia course: Yes / No

If Yes, Course Name: _____

Release Withdrawal Withdrawal due to change in visa subclass (Section B not required) Deferral

REASON FOR WITHDRAWAL/ RELEASE/ DEFERRAL *(Please attach any supporting documents)*

I understand that, if seeking a deferral, the fees, course structure, location, delivery and offering of my course may change.

Student Signature:	Date:
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Section B: Program Area Use Only

PROGRAM AREAS COMMENTS / RECOMMENDATIONS

Recommended Recommencement Date after Deferral:

Name:	Signature:	Date:
Position:		

Section C: International Office Use Only
INTERNATIONAL UNIT COMMENTS / RECOMMENDATIONS

Release / Withdrawal Granted
 Release / Withdrawal Not Granted
 Deferral Approved / Not Approved

_____ Date :
International Student Support Coordinator

Processed by: <input type="checkbox"/> Payment received. Receipt #..... <input type="checkbox"/> Release Letter issued/NA <input type="checkbox"/> SIS Updated	Date processed: <input type="checkbox"/> Program Area notified (if after semester commencement) <input type="checkbox"/> eCOE amended/ cancelled <input type="checkbox"/> File to Archive <input type="checkbox"/> Refund form required/NA
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