CANCELLATION OF ENROLMENT (VOCATIONAL COURSES ONLY)

SECTION A - STUDENT TO COMPLETE

Family name:				Given name/s:	
International student number:				DOB (DD/MM/YYYY):	
Course name:				Course number:	
Car	npus:				
Effective:					
	Immediately	At the end of Semester 1	At the er	nd of Semester 2	
Last date of attendance:					
I wish to cancel my enrolment for the following reason:					
	Return to home country (attach copy of airline ticket and evidence of payment)				
	Change of visa status (please provide copy of new visa)				

Other (please specify):

Telephone:	Email:
Signature:	Date (DD/MM/YYYY):

SECTION B - INTERNATIONAL CUSTOMER EXPERIENCE COORDINATOR TO COMPLETE

Approved Not Approved

Please provide comments

SECTION C - INTERNATIONAL STUDENT OFFICER TO COMPLETE

Cancellation noted and processed:

TISIMS PRISMS EBS

International Student officer's signature:

Date (DD/MM/YYYY):

When your enrolment has been cancelled and the Department of Home Affairs (DHA) informed, you will be issued with an eCoE cancellation letter via email.

Please send the completed form and supporting documents to your International Customer Experience Coordinator: www.tafensw.edu.au/international/enrol/support-services



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