

**DEFERMENT, SUSPENSION OR CANCELLATION OF COURSE FORM**

**Personal Details**

Family Name:  Given Names:

Title: Mr  Mrs  Miss  Ms  Other

Sex: Male  Female

**Course Details**

Course Name:

Last Date of Attendance:

I am applying for:

- Deferment    What date you wish to re- commence your course?
- Suspension
- Course cancellation

Reason for deferment, suspension or cancellation of the course:

Note: International students may apply to defer or suspend their courses in compassionate or compelling circumstances which are generally those beyond the control of the student or likely to have an impact upon the students' course progress or wellbeing.

**Contact Details**

Home Address:

Postal Address (if different to home address):

Telephone:

Email Address:

**Refund Policy**

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If you withdraw from your course after you have commenced, then no course fees will be refunded, except in exceptional circumstances as determined by The Director.

Claims for a refund of course fees can be made at any time during a course and if approved will be repaid within 21 days of the receipt of an application to withdraw from a course.

**Deferment, Suspension or Cancellation of Study Policy**

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A successful application may affect your student visa and we advise you to contact DIAC (Department of Immigration and Citizenship) regarding the effect any deferment or suspension of studies may have on your student visa prior to formally lodging an application.

The maximum time allowed for a deferment or suspension of study is one semester.

If the compassionate and compelling circumstances are demonstrated, Trison Business College will approve the application and advise you in writing of the decision within 7 working days.

If you are not satisfied with the advisement, you can have 20 working days to access Trison Business College's internal complaints, grievances and appeals process.

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I have read and understood the Refund Policy and Deferment or Suspension of Study Policy of Trison Business College and agree to the terms outlined.

Student Signature: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

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When completed, please return this form to:

**TRISON BUSINESS COLLEGE**  
Level 1, 32 Grenfell Street  
Adelaide South Australia 500  
Telephone: (08) 8410 6134  
Fax: (08) 8410 6135  
Email: [enquiry@trison.com.au](mailto:enquiry@trison.com.au)