

## CANBERRA VALLEY

## For-012 Student Request to Defer, Suspend, Cancel a course

Please note that all requests are **subject to approval** and subject to assessment against Canberra Valley Institute's Deferral, Suspension and Cancellation Policies.

Date:	Student ID:
Circus Names	
Given Name:	Last Name:
Course:	
Mobile:	Email Address:

Please select one of the following
□ I would like to <i>suspend</i> 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 <i>cancel</i> 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 courses within the same institution.
Other (please detail in attached letter)
Dates From: To:

Document Name:	For-012 Student Request to Defer, Suspend, Cancel a course	Created Date:	4/10/2021
Document No:	Version No: 2.0 Jan 2025	Last Modified Date:	10/01/2025
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□ I would like to <i>defer</i> my course.			
Reason:			
Visa not yet granted.			
Current course not yet complete (provide current Co	DE)		
Medical reason (submit Medical Certificate)			
Other (please detail in attached letter)			
Dates From: To:			 
Have you read Canberra Valley Institute's refund policy?		Yes	No
Do you also require a refund?		Yes	No
Students Signature:	Dat	e:	 

Office Use Only				
Have any supporting documentation/evidence been verified and approved?			No	
Comments:				
Approved By:	_			
Officer Signature:	Date:			

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