

Application for Release

Please read the Skills Institute Australia policy on cancelling enrolments before completing this form. This policy is available on our website from the 'Downloads' page.

| | | | |
|-------|--|----------------|--|
| Name | | | |
| DOB | | Student number | |
| Phone | | | |
| Email | | | |

Enrolment details

Please give details about the course you are CURRENTLY studying.

| | | | |
|------------|--|----------|--|
| Course | | | |
| Start date | | End date | |

Please give details about any FUTURE enrolments you have.

| | | | |
|------------|--|----------|--|
| Course | | | |
| Start date | | End date | |
| Course | | | |
| Start date | | End date | |
| Course | | | |
| Start date | | End date | |

About your release

| | |
|---|-----|
| What is the main reason why you want Skills Institute Australia to release you from your enrolment? Select ONE only and write its number in the space provided | |
| 1. Compassionate or compelling circumstances. 2. An appeal on another matter. 3. Your reasonable expectations about the course are not being met. 4. SIA has failed to deliver the course specified in your Letter of Offer. 5. Other | No. |
| Explanation. Please provide details here | |
| | |

List the supporting documentation you are providing. Note that a release will NOT be provided without supporting evidence.

Are your fees up to date? Note that a release will NOT be provided if there are outstanding fees.

Yes | No

Your declaration

I declare that the information in this document is true and correct. I take full responsibility for this decision and understand that Skills Institute Australia will inform the relevant Australian government departments of my decision to change my enrolment. I am aware that I must notify the DHA as a matter of urgency regarding any change to my visa.

| Signature | Date |
|-----------|------|
| | |

SKILLS INSTITUTE AUSTRALIA OFFICE USE ONLY

| | | | |
|----------------------|-----------------|-------------------|------|
| Fees up-to-date? | Y N | Notes | |
| Supporting documents | Verified: Y N | Sufficient: Y N | |
| Comments | | | |
| Compliance officer | Name | Signed | Date |
| Approved | Y N | | |
| Approved by name | Position | Signed | Date |
| | | | |