

Used in conjunction with the MEGT Policy EDN-013-I-POL – Deferral, Cancellation, Withdrawal and EDN-007-I-POL Transfer Between Registered providers Policy and Procedure.

STUDENT DETAILS			
Family Name:		Student Number	
Given Name(s):			
Date of birth: dd / mmm / yyyy		Phone	
Postal Address:			
City		State	Post Code
Preferred Email:			
Education Agent Company Name and Agent's Name:			
Campus:	<input type="checkbox"/> Melbourne City Campus <input type="checkbox"/> Sydney City Campus		
Currently Enrolled Course:	<u><b>ABILITY</b></u> <input type="checkbox"/> ELP GE (076947J) <input type="checkbox"/> SRV (084627C)	<u><b>MEGT Institute</b></u> <input type="checkbox"/> CHC30113 Certificate III in Early Childhood Education and Care <input type="checkbox"/> CHC50113 Diploma of Early Childhood Education and Care	
Initial Course Start Date: Mon ____/____/____		Last Course End Date: Fri ____/____/____	
ENROLMENT AMENDMENT DETAILS (PLEASE MARK "X")			
<input type="checkbox"/> I wish to <b>CANCEL</b> my enrolment due to:-  (For students that have not yet commenced)		<input type="checkbox"/> Visa not granted (must attach: visa refusal letter issued by DHA, copies of passport data and signature pages and Refund Application form) <input type="checkbox"/> Medical reasons (attach documentation, Medical certificate/s and Refund Application form) <input type="checkbox"/> Compassionate and/or compelling reasons (attach documentation and Refund Application form, refer to EDN-016-I-POL Compassionate and Compelling Circumstance Policy) <input type="checkbox"/> Other _____ (attach documentation and Refund Application form)	
Planned Start Date (before cancellation): ____/____/____			
<input type="checkbox"/> I wish to <b>DEFER/BRING FORWARD</b> my enrolment due to:-  (For students that have not yet commenced and wish to change their start date.)		<input type="checkbox"/> Medical reasons (attach documentation and Medical Certificate/s) <input type="checkbox"/> Compassionate and/or compelling reasons (attach documentation, refer to EDN-016-I-POL Compassionate and Compelling Circumstance Policy) <input type="checkbox"/> Other _____ (attach documentation)	
New Start Date: Must be Mon ____/____/____		Original Start Date: Mon ____/____/____	

<input type="checkbox"/> I wish to <b>WITHDRAW</b> my enrolment due to:-  (For students that have commenced and wish to stop their studies)	<input type="checkbox"/> Medical reasons (attach documentation and Medical Certificate/s) <input type="checkbox"/> Compassionate and/or compelling reasons (attach documentation, refer to EDN-016-I-POL Compassionate and Compelling Circumstance Policy) <input type="checkbox"/> Other _____ (attach documentation)	
Withdrawal Date (last day of study): Fri ____/____/____		
<input type="checkbox"/> I wish to <b>TRANSFER</b> to another Education Provider prior to completing six (6) months of my principal course.  (Note: A Release Letter (RL) will be issued only if application is approved)	<b>Must attach:</b> <input type="checkbox"/> Letter of Offer from another institution <input type="checkbox"/> Statement of reasons <input type="checkbox"/> Supporting documentation  (Refer to EDN-007-I-POL Transfer Between Registered Providers Policy And Procedure)	
Last Day of Study: Fri ____/____/____		
Details of the course I wish to transfer to:  Course: _____ Institution: _____  Expected Start Date: ____/____/____		
<input type="checkbox"/> I wish to <b>SUSPEND</b> my enrolment due to:-  (For students that have commenced and wish to temporarily stop their studies during their current enrolment.)	<input type="checkbox"/> Medical reasons (attach documentation and Medical Certificate/s) <input type="checkbox"/> Compassionate and/or compelling reasons (attach documentation, refer to EDN-016-I-POL Compassionate and Compelling Circumstance Policy) <input type="checkbox"/> Other _____ (attach documentation)	
Suspension Start Date: Mon ____/____/____	Return Date: Mon ____/____/____	
Where will you be during the suspension period? <input type="checkbox"/> Australia <input type="checkbox"/> Overseas – Country:		
<b>Office Use Only:</b> Offering returning into: Yr: _____ Term ____	Term number in course that student will return into:	
<input type="checkbox"/> I wish to <b>EXTEND</b> my enrolment due to:- (For <u>MEGT Institute students only</u> that should have finished their studies but would like to/need to extend their enrolment beyond the original end date. Ability students use separate 'Extension Request' form.)	<input type="checkbox"/> Medical reasons (attach documentation and Medical Certificate/s) <input type="checkbox"/> Compassionate and/or compelling reasons (attach documentation, refer to EDN-016-I-POL Compassionate and Compelling Circumstance Policy) <input type="checkbox"/> Other _____ (attach documentation)	
New Start Date: Must be Mon ____/____/____	New End Date: Fri ____/____/____	Number of Weeks:

I wish to **change my course** within ABILITY English/MEGT Institute (Please circle one)

Name of Current Course: \_\_\_\_\_

Start Date: Mon \_\_\_\_/\_\_\_\_/\_\_\_\_

Intended Last Day: Fri \_\_\_\_/\_\_\_\_/\_\_\_\_

New Course name 1: \_\_\_\_\_

Start Date: Mon \_\_\_\_/\_\_\_\_/\_\_\_\_

Finish Date: Fri \_\_\_\_/\_\_\_\_/\_\_\_\_

New Course name 2: \_\_\_\_\_

Start Date: Mon \_\_\_\_/\_\_\_\_/\_\_\_\_

Finish Date: Fri \_\_\_\_/\_\_\_\_/\_\_\_\_

New Course name 3: \_\_\_\_\_

Start Date: Mon \_\_\_\_/\_\_\_\_/\_\_\_\_

Finish Date: Fri \_\_\_\_/\_\_\_\_/\_\_\_\_

I wish to **transfer to another campus location** within ABILITY English/MEGT Institute

Current Campus location: \_\_\_\_\_

Last Day of Study: Fri \_\_\_\_/\_\_\_\_/\_\_\_\_

New Campus location: \_\_\_\_\_

Start Date: Mon \_\_\_\_/\_\_\_\_/\_\_\_\_

### STUDENT DECLARATION

Have you completed enrolment amendment details? Yes No

Please attached and tick relevant supporting documentation for :-

- visa refusal cases – DHA visa refusal letter, refund application form and passport Yes No
- transfer to another provider – letter of offer from another provider/statement of reason Yes No
- medical reasons – medical certificate/s and relevant documentation Yes No
- all cases – **statement of reason** and relevant documentation Yes No

*If you have answered **No** to any of the above questions, please note that your application **will not** be assessed until the appropriate documentation is provided.*

#### Declaration:

1. I declare that I have read and understood the ABILITY English 'Terms and Conditions of Enrolment' or the MEGT Institute 'Conditions of Enrolment' .
2. I declare that I have read and understood the 'MEGT/ABILITY Policy EDN-018-I-POL Fees Charges and Refund Policy and the EDN-013-I-POL Deferral, Cancellation, Withdrawal and Suspension Policy and Procedure'.
3. I declare that the information provided and submitted by me on this form along with any supporting documents is accurate in all respects. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the processing of my application, or may result in the termination of my enrolment with ABILITY English or MEGT Institute.
4. I understand that MEGT Education, trading as ABILITY English or MEGT Institute, will where necessary, revise my CoE details on PRISMS as appropriate and that I need to contact DHA to discuss my circumstances.
5. I understand that if my application is related to suspension or course change within ABILITY English or MEGT Institute that I must continue to attend all scheduled classes of my current course until I have been notified of the outcome of my application.

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

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

### APPLICATION OUTCOME

**Finance Action Items**

**Non-Commenced Student:**

Has student paid fees before commencement? NO  YES  Paid Amount:\$\_\_\_\_\_

**Commenced Student:**

Has the student paid up until last day of **actual** study? NO  YES

If no, how much do they owe up to last day of **actual** study? \_\_\_\_\_

Due Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Refund amount to student: \$\_\_\_\_\_

Additional Information/Reason for Decision:-

Accountant:

Signature:

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

**Manager International Education or Nominated Officer Action Items**

Supporting evidence:

- Visa refusal letter
- Passport copy
- Statement of reasons
- Letter of offer from other institution
- Medical certificate/s
- Evidence of compassionate and/or compelling circumstances
- Return home flight ticket
- Refund application form
- Other.....

Approved:

Not Approved:

Additional Information/Reason for Decision:

Manager International Education/Nominated Officer:

Signature:

Date:

Admissions Action Items:	Date	Initial
Approved form received by ADM		
Enter AoE decision in PEPi		
Notice of decision sent to student*		
Release Letter issued (if approved)		
CoE/s cancelled		
New CoE/s issued		
Student Default reported on PRISMS (visa refusal only)		
Outcome recorded in PRISMS (visa refusal only)		
Notify EM to truncate TT (for WD and CXL)		
Notify SS to add TT (for suspension only)		
PEPi updated and notes added		
All relevant AoE documents uploaded to PEPi		
<p>*For visa refusal: Three (3) working days from receipt of form by ADM. For all other cases: five (5)5 working days from receipt of form by ADM</p>		