



AUSTRALIAN STUDY LINK INSTITUTE

Level 2, 123 Lonsdale St
Melbourne, VIC 3000, Australia
Phone: +61 3 9639 9951 | Website: www.asli.vic.edu.au

CRICOS No: 03483G | RTO No : 40794

Enrolment Cancellation Form

Instructions for Students

Use this form if you wish to cancel or withdraw from your enrolment at ASLI. You must attach supporting documents, which may include but are not limited to an airline ticket, new Confirmation of Enrolment (CoE), offer letter from another provider, medical certificate, evidence of compassionate or compelling circumstances, or a visa decision notice. This form should be read in conjunction with ASLI's Deferral, Suspension and Cancellation Policy, Transfer Between Providers Policy, and Fee Payment & Refund Policy. Please note that cancellations may affect your student visa, and you are advised to contact the Department of Home Affairs (DHA) for advice before submitting this form.

☐ Onshore Student

☐ Off-Shore Student

Student Name:

Student ID:Date of Birth:

Address:

.....

Contact No. (Ph.) (Mobile).....

Email:

Please choose the courses below for the cancellation.

Select Course	Course Code	Qualification	CRICOS Course Code
	BSB40520	Certificate IV in Leadership and Management	106803F
	BSB50420	Diploma of Leadership and Management	104633B
	BSB60420	Advanced Diploma of Leadership and Management	107072F
	BSB80120	Graduate Diploma of Management (Learning)	107073E
	SIT30821	Certificate III in Commercial Cookery	109844F
	SIT40521	Certificate IV in Kitchen Management	109502F
	SIT50422	Diploma of Hospitality Management	112633B
	SIT60322	Advanced Diploma of Hospitality Management	112634A

Please specify the reason for cancellation of your enrolment:

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.....

Supporting documents attached: ☐ Yes ☐ No

Would you like to meet with the Student Support or Wellbeing Officer to discuss compassionate or compelling circumstances before proceeding with cancellation?

☐ Yes (If Yes, please also complete a Student Support Request Form)

☐ No

Important Note

If your cancellation request is due to a transfer between another provider, you must also complete a separate Release Request Form available on our website and at reception in accordance with National Code 2018 Standard 7. This Enrolment Cancellation Form alone will not process transfer requests.



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Terms and Conditions:

- I understand that if I am seeking a fee refund, I must also complete a separate Refund Application Form.
- I understand I may not be eligible for any fee refund if I have not met the terms and conditions outlined in the Fee Payment and Refund Policy.
- Where the cancellation of enrolment has been initiated by ASLI, I am entitled to 20 working days to access the internal Feedback, Complaints and Appeals Process to contest the decision.
- I authorise ASLI to obtain further supporting information or official student records from other institutions where necessary in relation to this application.
- I acknowledge that ASLI will use and manage my personal information in accordance with its Records Management Policy and Privacy Policy.
- I understand that cancellation of my enrolment may impact my student visa and that ASLI is required to report cancellations to the Department of Home Affairs (DHA) via PRISMS.
- I have read ASLI's Deferral, Suspension and Cancellation Policy and understand that changes to my enrolment may result in a change to my CoE and visa status.
- I declare that all information provided on this form is correct and complete in every detail, and I understand that providing false or misleading information may result in rejection of my application.
- I also understand the consequences of cancelling my enrolment before a new visa is granted if my visa is still being processed.
- I have been informed that I may access ASLI's Student Support and Wellbeing Services to discuss my circumstances before finalising this cancellation.
- I acknowledge that ASLI has advised me to contact the Department of Home Affairs (DHA) for advice regarding any potential impacts on my visa before submitting this application.
- By signing this form, I confirm that I have read, understood, and agree to the terms and conditions regarding the cancellation of my enrolment.

Student's Signature: Date:

For Office Use Only

Received by:

Signature: Date:

☐ Valid supporting documents are attached

If cancellation relates to transfer between providers, confirm that a Release Request Form has been completed: ☐ Yes ☐ No

Staff Comments (if any):

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Processed by.....Signature:Date: