



Ideal International Institute Pty Ltd
RTO NO. 46289 | CRICOS NO.: 04296B
Address: Suite 1510, Level 15, 530 Little Collins street, Melbourne, VIC 3000
E: idealinternationalinstitute1@gmail.com
W: www.iii.vic.edu.au | Ph: 1300201247
ABN: 16667624124

ENROLMENT CANCELLATION FORM

Instructions for Students

- Use this form if you wish to cancel or withdraw from your enrolment at III.
- Attach supporting documents (required for international students).
- Read in conjunction with III's Deferral, Suspension and Cancellation Policy, Transfer Between Providers Policy, and Fee Payment & Refund Policy.
- Cancellations may affect your visa. Please contact 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:

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.....

International students must state the reason for cancelling their course because Ideal International Institute Pty Ltd t/a Ideal International Institute (referred as III) is obliged to report the cancellation to the Department of Home Affairs (DHA). Also, all supporting documents should be attached along this form. Please refer to Fee payment and Refund Policy for any applicable refunds. You can find the Fee Payment and Refund policy at our reception and on our website www.iii.vic.edu.au

Please choose the courses below for the cancellation.

SELECT COURSE	COURSE CODE & NAME	CRICOS COURSE CODE
[]	MSF30322 Certificate III in Cabinet Making and Timber Technology	116955G
[]	RII60520 Advanced Diploma of Civil Construction Design	116954H
[]	BSB50120 Diploma Business	116956F

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.

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 III, I am entitled to 20 working days to access the internal Feedback, Complaints and Appeals Process to contest the decision.
- I authorise III to obtain further supporting information or official student records from other institutions where necessary in relation to this application.
- I acknowledge that III 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 III is required to report cancellations to the Department of Home Affairs (DHA) via PRISMS.
- I have read III'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 III's Student Support and Wellbeing Services to discuss my circumstances before finalising this cancellation.
- I acknowledge that III 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:**



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For Office Use Only

Received by:

Signature:Date:

If enrolment is cancelled based on transfer between providers (complete the sections below)
