



APPLICATION FOR CANCELLATION OF STUDIES FORM

Melbourne: Level 1, 459 Little Collins Street, Melbourne VIC 3000
Tel: 03 9670 5155 Fax: 03 9670 1855 Email: info@ashmark.edu.au <http://www.ashmark.edu.au>

IMPORTANT!

- This form **MUST** be submitted to Administration Department for approval!
- Charges are subjected to The Ashmark Institute of Australia's Agreement to terms and conditions of enrolment.
- **You will be notified of your application status within 10 working days from the date of receipt.**
- If you change your address during the period of suspension/deferment/cancellation, please contact us to ensure your address details are updated for future correspondence.

File Ref. No: ____/____/____

Personal details*

FAMILY NAME: _____ GENDER: Male: Female:
GIVEN NAME: _____ DATE OF BIRTH: ____/____/____
ADDRESS: _____ SUBURB/CITY: _____
POST CODE: _____
STUDENT ID NO: _____ GROUP: _____ EMAIL: _____

COURSE: (please tick ✓)

- Certificate III in Automotive Mechanical Technology Certificate III in ESL (Further Study) Diploma of Management

Details of cancellation*

Reason for cancellation: (please tick ✓)

- Financial problem Unable to cope with the course taught Illness
 Personal matters Family Obligations Family Bereavement
 Others
(please state) : _____

***Please attach relevant documents in support of your application.**

Date of proposed cancellation: _____

Student's declaration

- I declare that the information supplied on this form and the information given in support of my application is correct and complete.
- I authorize The Ashmark Institute of Australia to obtain official student records from any educational institution necessary to make an informed decision about the application or matters that concern enrolment.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application or a withdrawal of the offer of a place.

(Student's Signature)*

(Date)*

*COMPULSORY to complete.

FOR OFFICE USE ONLY

Approved Not Approved Processed By: _____ Date: _____

Comments: _____

IMPORTANT!

- This form **MUST** be submitted to Administration Department prior to course commencement for approval!
- Charges are subjected to The Ashmark Institute of Australia's Agreement to terms and conditions of enrolment.
- **You will be notified of your application status within 10 working days from the date of receipt.**
- If you change your address during the period of deferment, please contact us to ensure your address details are updated for future correspondence.

File Ref. No: ____/____/____

Personal details*

FAMILY NAME: _____
 GIVEN NAME: _____
 GENDER: Male: Female: DATE OF BIRTH: ____/____/____
 ADDRESS: _____

 SUBURB/CITY: _____ POST CODE: _____
 STUDENT ID NO: _____ GROUP: _____ EMAIL: _____

| OFFICE USE ONLY | |
|-----------------|---|
| Status: | <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |
| Comments: | _____ _____ _____ |
| Processed by: | _____ |
| Date: | _____ |

COURSE: (please tick ✓)

- Certificate III in Automotive Mechanical Technology Certificate III in ESL (Further Study) Diploma of Management

Details of deferment*

Reason for deferment: (please tick ✓)

- | | | |
|--|--|---|
| <input type="checkbox"/> Financial problem | <input type="checkbox"/> Unable to cope with the course taught | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Personal matters | <input type="checkbox"/> Family Obligations | <input type="checkbox"/> Family Bereavement |
| <input type="checkbox"/> Others | | |
| (please state) : _____ _____ _____ | | |

***Please attach relevant documents in support of your application.**

Date of proposed deferment: From: _____ To: _____

Student's declaration

- I declare that the information supplied on this form and the information given in support of my application is correct and complete.
- I authorize The Ashmark Institute of Australia to obtain official student records from any educational institution necessary to make an informed decision about the application or matters that concern enrolment.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application or a withdrawal of the offer of a place.

(Student's Signature)*

(Date)*

*COMPULSORY to complete.



APPLICATION FOR TEMPORARY SUSPENSION OF STUDIES FORM

Melbourne: Level 1, 459 Little Collins Street, Melbourne VIC 3000
Tel: 03 9670 5155 Fax: 03 9670 1855 Email: info@ashmark.edu.au <http://www.ashmark.edu.au>

IMPORTANT!

- This form **MUST** be submitted to Administration Department for approval!
- Charges are subjected to The Ashmark Institute of Australia's Agreement to terms and conditions of enrolment.
- **You will be notified of your application status within 10 working days from the date of receipt.**
- If you change your address during the period of suspension/deferment/cancellation, please contact us to ensure your address details are updated for future correspondence.

File Ref. No: ____/____/____

Personal details*

FAMILY NAME: _____ GENDER: Male: Female:
GIVEN NAME: _____ DATE OF BIRTH: ____/____/____
ADDRESS: _____ SUBURB/CITY: _____
_____ POST CODE: _____
STUDENT ID NO: _____ GROUP: _____ EMAIL: _____

COURSE: (please tick ✓)

- Certificate III in Automotive Mechanical Technology Certificate III in ESL (Further Study) Diploma of Management

Details of suspension*

Reason for suspension: (please tick ✓)

- Financial problem Unable to cope with the course taught Illness
 Personal matters Family Obligations Family Bereavement
 Others
(please state) : _____

***Please attach relevant documents in support of your application.**

Date of proposed suspension: From _____ To: _____

Student's declaration

- I declare that the information supplied on this form and the information given in support of my application is correct and complete.
- I authorize The Ashmark Institute of Australia to obtain official student records from any educational institution necessary to make an informed decision about the application or matters that concern enrolment.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application or a withdrawal of the offer of a place.

(Student's Signature)*

(Date)*

*COMPULSORY to complete.

FOR OFFICE USE ONLY

Approved Not Approved Processed By: _____ Date: _____

Comments: _____

