



Application for Cancelation of Enrolment

Student's Personal Details:							
Full Name:							
Student ID:							
Course code and Name:							
Address:							
DOB:							
Email:				Mobile:			
Please tick the reason for request:							
☐ Work Commitments	□ Fina	ancial Circumstanc	es				
□ Medical Grounds □ Insufficient study resources and facilities							
☐ Staff quality inadequate ☐ Transferred to another course within CIT							
□Transferred to another provider (provide admission documents) □ Medical reasons							
Other							
Please approach the finance department for approval on this application prior to final submission.							
No cancellation will be approved while there are outstanding fees.							
International students must state the reason for cancelling their enrolment at Cornell Institute of Training. CIT is obliged to report the cancellation to DHA (Department of Home Affairs).							
All supporting documents should be attached to this form. Please refer to the Refund Policy for any applicable refunds.							
Additional Comments							
Student Declaration: I have been informed and understand that cancelation of this enrolment might affect my Visa status. I have been informed to contact DHA for any visa related queries.							
Student Signature:					Date:		
Office use Only:							
Finance Approval		Signature			Date		
Request received		Signature			Date		
Request processed		Signature			Date		
Decision granted by:		Signature			Date		
Entered PRISMS		Signature			Date		
Entered SMS (Inc. results)		Signature			Date		