

Section 1 – Student De	rtails				
Name		Student ID			
Email Address					
Contact Number		USI			
Address					
Course/s					
Section 2 – Change Details at Student Request					
I wish to withdraw	from this course. I understand I need to abide	by the Refund	Policy.		
Withdrawal Date					
Reason/s					
Signature		Date			
I wish to change to another course at Illoura College. I understand my request is subject to course availability. * Student must complete a new Application for Enrolment Form to be attached to this document.					
Transfer Date	, ,				
Reason/s					
Signature		Date			

Responsible: Compliance Published: August 2023



I wish to transfer to another RTO. I understand there may be further fees involved.					
Transfer Date					
Reason/s					
Signature		Date			
I wish to defer my enrolment in this course. I understand that my enrolment has an expiry date.					
Date to Defer	From to				
Reason/s					
Signature		Date			
I wish to change my enrolled course start date. I understand that my enrolment has an expiry date.					
Date to Change	From to				
Reason/s					
Signature		Date			
I wish to cancel my enrolled course/s namely					
as stipulated in my current Certificate of Enrolment (CoE) No:					
Date to cancel					
Reason/s					

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Signature			Date			
Section 3 – Change Details at RTO Request.						
Illoura College wishes to cancel the student's enrolment in this course.						
Date to Cancel						
Reason/s						
Signature			Date			
Illoura College wishes to suspend the student's enrolment in this course.						
Date to Suspend						
Reason/s						
Signature			Date			
Section 4 - Authorisat	ion					
Did finance clear this request?						
Name:		Signature:		Date:		
Requested Change been approved?						
Name:		Signature:		Date:		
Reason/s not approved						

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