

Cessation of Studies Notification

This form is to be completed by international students who wish to terminate their studies prior to completing the course with Southern Academy of Health Sciences. You are required to meet with the Academic Manager prior to submission of this form. Your visa may be affected by your termination of studies prior to completing the course notification so you should contact Department of Home Affairs on 131 881 to discuss any implications.

I have discussed the reasons for Cessation of Studies Prior to Completing the Course with the Academic Manager Yes No

Student Details

Student Name:	Student ID:
Home Address:	
Suburb:	Postcode:
Telephone:	
Mobile:	Email:

Current Course Details

Course Name:	
Start Date:	End Date:
Last date of attendance:	

Reason for termination of studies prior to completing the course

	<input type="checkbox"/>	No longer holding student visa
	<input type="checkbox"/>	Leaving / left Australia for ever
	<input type="checkbox"/>	Enrolled in another course in a different RTO

Other

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Supporting Documents

	<input type="checkbox"/>	Copy of the new VISA
	<input type="checkbox"/>	One- way air ticket
	<input type="checkbox"/>	Copy of new letter of offer and CoE

You understand and acknowledge that there is no refund of fees or part thereof once you have commenced your course. You must pay all fees and charges as per the Southern Academy of Health Sciences’s policy and terms and conditions set out on the international student letter of offer and written agreement.

<input type="checkbox"/>	I have read and understood the Southern Academy of Health Science ‘s policy and terms and conditions set out on the international student letter of offer and written agreement.
Student’s Signature:	Date: / /

Office Use Only

Deferral Form		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Checklist	<input type="checkbox"/>	Notified Student	<input type="checkbox"/>
		SMS updated	<input type="checkbox"/>
		PRISMS updated	
Comments:			
Approved/Rejected By:			
Staff Name:		Position:	
Signature:		Date	