



Deferral Suspension Cancellation Withdrawal (DSCW) Form

Section 1 – Client Details

Name:			
Date of Birth:		Mobile:	
Email:			
Qualification / Course:		Course Date:	/ /

Section 2 – Change Details at student request

I wish to defer the start of this course. I understand I need to abide by the Refunds Policy.

Deferment Date:	/ /		
Deferment Reason:			
Signature		Date:	/ /

I wish to withdraw from this course. I understand I need to abide by the Refunds Policy.

Withdrawal Date:	/ /		
Withdrawal Reason:			
Signature		Date:	/ /

I wish to defer to another course date. I understand my deferral will be subject to course availability.

Transfer to Date:	/ / or / /		
Transfer Reason:			
Signature		Date:	/ /

I wish to Transfer to another provider. I understand I need to provide a letter of release

Course Transfer Date:	/ /		
Course Transfer Reason:		New Delivery Mode:	<input type="checkbox"/> Classroom <input type="checkbox"/> Correspondence <input type="checkbox"/> Online
Signature		Date:	/ /



<input type="checkbox"/> I wish to cancel my enrolment in this course. I understand that this may affect my VISA.			
Defer to Date:	/ /		
Cancellation Reason:			
Signature		Date:	/ /

Section 3 – Change Details at provider’s request

<input type="checkbox"/> Platinum Institute Australia wish to cancel the student’s enrolment in this course.			
Defer to Date:	/ /		
Cancellation Reason:			
Signature		Date:	/ /

<input type="checkbox"/> Platinum Institute Australia wish to suspend the student’s enrolment in this course.			
Defer to Date:	/ /		
Suspension Reason:			
Signature		Date:	/ /

Section 4 – Authorisation

Finance has cleared this request <input type="checkbox"/> Yes <input type="checkbox"/> No			
Requested Change has been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signature:		Finance Position:	
Signature:		Position:	
Print Name:		Date Processed:	

Admin Use Only



Changed in SMS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Logged By:			Signature:	
Formal Letter/Email Sent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:	/ /
Sent By:			Signature:	