

Enrolment Variation Request



Complete this form if you are **seeking to withdraw, defer or vary or extend your course of enrolment** with Australian Academy of Advanced Skills (AAAS)

- Extension request would be provided if you are varying your enrolment duration within three (3) months.
- Any extension request over three (3) month's duration, you may apply for a deferral request or again in the last week of the approved extension period.

| | | | | |
|----------------------------|--|-----------|-----------|--|
| FIRST NAME | | LAST NAME | | |
| ADDRESS | | STATE | POST CODE | |
| EMAIL | | PHONE | | |
| LOCATION | | USI | | |
| QUALIFICATION CODE & TITLE | | | | |

| | | |
|--|--|--|
| VARIATION TYPE & REASON ATTACH EVIDENCE All reasons must be supported by a valid evidence of claims <i>e.g. Medical certificate, Centrelink statement, job offer letter, bank statements, change of address proof or other valid evidence</i> | Extension: | Deferral: |
| | <input type="checkbox"/> Health conditions / illness <input type="checkbox"/> learning barriers / challenges <input type="checkbox"/> Financial hardships <input type="checkbox"/> Personal or family problems | <input type="checkbox"/> Transfer to another qualification within AAAS <input type="checkbox"/> Personal or family problems <input type="checkbox"/> Health conditions / illness <input type="checkbox"/> Financial hardships |
| | Expected re-commencement Date: | |
| | Withdraw | |
| | <input type="checkbox"/> my course selection is different from my career goals <input type="checkbox"/> Health conditions / illness <input type="checkbox"/> Obtained employment <input type="checkbox"/> Lack of Support | <input type="checkbox"/> Financial hardships <input type="checkbox"/> Personal or family problems <input type="checkbox"/> Moving interstate / Overseas <input type="checkbox"/> Transfer to another College / University pathway |
| | <input type="checkbox"/> Other Variations & Reasons: | |

Note: Learners who are requesting the refund due to this arrangement, please complete "Refund Request Form" and submit along with this form. The form could be downloaded from our website www.aaas.edu.au/downloads

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DECLARATION:

- I understand, Australian Academy of Advanced Skills (AAAS) has provided alternative support options, prior to making my decision for enrolment variation.
- I understand and I accept the responsibilities and obligations for this arrangement.

For learners who are enrolled under Government subsidised training arrangements,

- I understand AAAS may re-assess my eligibility at the time of re-commencement and fees & charges may vary based on the fee policy of the subsidised training arrangements.

I authorise:

- AAAS to withdraw me from all studies commitments I am involved in with AAAS, effective from the date of request above.
- Any fees or charges due to extension or deferral arrangement to be transferred during the time of re-commencement.

LEARNER Signature

Date

| Office Use Only | | | |
|--------------------------------|--|------------------------------|--|
| Date of Learner Meeting | | RTO Manager Signature | |
| Comments: | | | |
| | | | |
| | | | |

Learner request approved Yes No

CEO Signature

Date