

APPLICATION TO AMEND ENROLMENT							
STUDENT DETAILS:							
Students Name:							
Student I.D.:		Date of Birth:					
Course/s Enrolled in:							
Email Address:		Contact Number:					
Address							
AMENDMENT DETAILS							
□ Defer Enrolment □ Suspend Enrolment □ Cancel Enrolment □ Withdraw Enrolment							
Please give a brief explanation of your reasons for amending your enrolment to support your application:							
Lam aware of the consequences of deferring even and ingress consolling or with deputing any consollerant. Lam also average							
I am aware of the consequences of deferring, suspending, cancelling or withdrawing my enrollment. I am also aware that the decision to grant my deferral, suspension, or cancellation of enrollment may affect my student visa. I have read							
the Defer, Suspend or Cancel an Enrolment Policy & Procedure available on Epoch International College's website							
Student Name & Signature		Date:					
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Please return this completed form to the Institute. If sending by email, please send to info@epoch.edu.au							



Email: <u>info@epoch.edu.au</u> M: +61 411 352 771



OFFICE USE ONLY				
Request:	☐ Approved	□ Denied		
Epoch's Staff Signature:			Date:	