



## Request for Cancellation/Release from a Course

Given Name:	Family Name:	
Current Qualification enrolled in:	Campus location:	
Qualification(s) you wish to be released from:	Intended last day of study:	
Mobile Phone:	Email:	
Agent's name:		

I wish to cancel my enrolment due to:

Reasons (please tick)	Documents required by student	Release Letter issued by ALG?
<input type="checkbox"/> Visa not granted	• Visa Refusal Letter issued by immigration	No
	• Copies of Passport data and signature pages	
<input type="checkbox"/> Change of Visa	• Visa change document	No
	• Copies of Passport data and signature pages	
<input type="checkbox"/> Medical reason	• Acceptable medical certificate(s)	No
	• Other supporting documentation	
<input type="checkbox"/> Compassionate and/or compelling reason	• Supporting documentation	No

**OR**

I wish to transfer to another education provider:

Reasons (please tick)	Documents required by student	Release Letter issued by ALG?
<input type="checkbox"/> Course academically unsuitable	• Letter of Offer from another institution*	**Release letter required now? <input type="checkbox"/> Yes <input type="checkbox"/> No (Subject to approval)
	• Other supporting documentation	
<input type="checkbox"/> Change of career choice	• Letter of Offer from another institution*	**Release letter required now? <input type="checkbox"/> Yes <input type="checkbox"/> No (Subject to approval)
	• Other supporting documentation	
<input type="checkbox"/> Compassionate and/or compelling reason	• Letter of Offer from another institution*	**Release letter required now? <input type="checkbox"/> Yes <input type="checkbox"/> No (Subject to approval)
	• Other supporting documentation	

**\* A Letter of Offer from another education provider must be submitted if you wish to transfer to another education provider prior to completing six (6) months of your principal course at ALG.**

**\*\* Please note that no Release Letter will be granted until all outstanding fees have been paid.**

**You must provide ALG with a statement of reasons for your request to cancel your enrolment below:**

**Please note that all release/cancellation requests will take up to 10 working days to process.**

**Note:** If your request for cancellation is approved, your Confirmation of Enrolment (CoE) will be cancelled the day following your intended last day of study. Please contact immigration as soon as possible for information on how this cancellation may affect your student visa.

Please note a request for refund of the paid course fees must be made in writing to ALG when you have been deemed eligible by our Student Advisor to receive a refund.

**Student Signature:**

**Date:**

## Student Questionnaire

Thank you for studying at the Australian Learning Group. We would value a few minutes of your time to complete this short questionnaire.

1. Would you consider returning to the Australian Learning Group?

Yes     No

2. Do you have any other comments to make?

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**Thank you for your time and good luck with your future endeavours.**

<b>Office Use only</b>	
<b>Outstanding fees:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO    Amount:.....	
<b>Approved:</b> <input type="checkbox"/>	<b>Not Approved:</b> <input type="checkbox"/>
If not approved, state reasons:	
Business Manager Name: Signature:	Date:
Student Notified of Decision <input type="checkbox"/> YES    NO	Date: