

	Application to Amend Enrolment Form				
Student Details:					
Students Name:					
Student I.D.:		Date:			
Course/s Enrolled in:					
Email Address:		Contact Number:			
Address					
Amendment Details:					
□ Defer Enrolment □ S	uspend Enrolment	☐ Cancel Enrolment	☐ Withdraw Enr	olment	
Please give a brief explanation of your reasons for amending your enrolment to support your application:					
I am aware of the conseque enrolment. I am also aware enrolment may affect my so Policy & Procedure available	that the decision t tudent visa. I have i	o grant my deferral, s read the Defer, Suspe	suspension, or car and or Cancel an E	nrolment	
Student Name & Signature			Date:		
Please return this completed info@ibm.vic.edu.au	d form to the colleg	e. If sending by ema	il, please send to		
Office Use Only					
Request:	□ Approved	□ Denied			
Institute's Staff Signature:			Date:		

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