RISE EDUCATION +TRAINING

RTO ID 91828

Variation Enrolment Request Form	
*Variation Enrolment Form submit to admin@riseeducation.edu.au	
Course Name:	
Written request from student-Email/ Letter must be attached and submitted with this form	
Full Name:	
Email Address:	
Contact phone number:	

Section-1 *(Finance to Attach the Statement of Account with this form prior to sending for approval)*

Applying for (Please ✓)	☐ **Cancellation** (Go to section-1)	☐ **Withdrawal** (Go to section-1)	☐ **Deferment** (Go to section-2)	☐ **Extension** (Go to section-1)

Reason:

_____
_____
_____
_____
_____
_____
_____

Cancellation / Withdrawal / Deferment / Extension			
(Please ✓)	☐ Refund		☐ Credit Note
Preferred Method of refund:			
☐ Cheque			
☐ Credit card	Master card / Visa (circle one)	Card Number:	Expiry date:
☐ Bank Deposit	BSB _____/ _____	Account Number:	Bank:
Account name in Full:			

Section-2

Deferment / Extension
Date when deferment/extension is applied for: _____ / _____ /_____ **(maximim extension 3 months)**
Date you wish to recommence your studies: _____ / _____ /_____
You have the right to appeal any decision made This must be submitted within 20 days.

Student Signature: ———	Date of this Application:_____ / _____ / _____

Office Use ONLY :- Cancellation / Withdrawal / Deferment / Extension	
Approval	
Training Fees ☐ Full Refund ☐ Partial Refund – Specify _____ ☐ No Refund – Specify _____	**Materials** ☐Refund ALL material fees ☐Refund ONLY materials not issued ☐Refund NO material fees
CEO ☐ Refund Supported ☐ Refund not supported Signature: _____ Date:_____ /_____ / _____	**Office Use Only** Refund amount $ _____ Refund # _____ Change of enrolment processes: ☐ **YES** ☐ **NO** If not approved, date letter sent: _____ Processed by: _____

Office use ONLY :- Deferment/ Extension
Deferment/ Extension Decision
Rise Education and Training advises that as of _____ / _____ /_____your course has been Deferred/Extension. The Deferment/Extension will only remain valid until: _____ / _____ / _____
Approval by CEO :- ☐ YES ☐ NO Signature: Date:
1. Date Payment Plan stopped: _____ / _____ / _____ 2. Amend PayWay to recommence Payment Plan: _____ / _____ / _____   Implemented by Administration :- ☐ YES ☐ NO Signature: _____ Date: _____ / _____ / _____
1. Scan copy form - Axcelerate with note confirming outcome of deferment/extension request. 2. Hardcopy placed in student file. 3. Advise student of outcome 4. Advise trainer of outcome   Implemented by Administration:- ☐ YES ☐ NO Signature: _____ Date: _____ / _____ / _____