CSF0022
CESSATION OF STUDIES
BY THE STUDENT FORM

› Student details

Student Name: ___________________________________________ Student ID Number: ___________________________________________
Phone Number: ___________________________________________ Email Address: ___________________________________________
Current Course of Study: __________________________________ Date you will be ceasing studies at CSF: __________________________
Commencement date with CSF: ____________________________

1. Reason for cessation of studies
☐ Visa status changed ☐ Returning home ☐ Move interstate
☐ Other

2. Please attach all relevant evidence for your cessation of studies:
☐ Copy new visa ☐ One way flight ticket
☐ Other

3. Would you like to collect your Certificate/Statement of Attainment before you return to your home country?
☐ Yes, I’ll pick it up at CSF ☐ Yes, mail it to my Sydney address ☐ No, email it to me

4. How would you rate the quality of CSF facilities?
☐ Very good ☐ Good ☐ Average ☐ Poor ☐ Very poor

5. How would you rate the quality of the CSF trainers?
☐ Very good ☐ Good ☐ Average ☐ Poor ☐ Very poor

6. Would you like to receive future promotional/marketing information about the college?
☐ Yes ☐ No
Cancellation of Enrolment by the Student

The student has the right to cancel their enrolment. For application of refund please refer to the Refund Policy. The student must complete the “Cessation of Studies” Form for any of the below reason:

- Cancelling the course due to new visa status.
- Cancelling the course to return home.
- Cancelling the course to move interstate.

This application will be assessed once all documentation has been received. The college may ask for more documentation if required. Applications are usually processed within 10 working days. If approved, the College will inform the cessation of studies to the Department of Education, Employment and Workplace Relations (DEEWR) via the Provider Registration and International Student Management System (PRISMS). This information will be transferred to the Department of Immigration and Border Protection (DIBP).

Students have the right to appeal the decision of the application. Please see the policy and procedures regarding 'Complaints and Appeals' for more information.

Declaration: I declare that to the best of my knowledge and belief, the above information contained on this form is correct and complete. I hereby agree to be bound by the Rules and Regulations of The College of Sports & Fitness. I authorise The College of Sports & Fitness to release information to any approved educational or migration related government bodies at their request.

Signature of Student: __________________________________________ Date: __________________________

Signature of staff member: __________________________________ Date: __________________________

FOR OFFICIAL USE ONLY:

Fully paid: □ Yes □ No Cessation approved? □ Yes □ No Date: __________________________

Other comments______________________________________________________________

Prisms updated? □ Yes □ No Entered into RTO? □ Yes □ No

SSA Signature ______________________________________________________________