



Request for Re-enrolment

STUDENT DETAILS

GIVEN NAME:	
FAMILY NAME:	
STUDENT ID:	
DATE OF BIRTH:	
USI NO.:	
CURRENT VISA STSTATUS:	
VISA NO.:	
ADDRESS:	
PHONE/MOBILE:	

COURSE DETAILS

COURSE CODE & NAME:	
COURSE/CoE START DATE:	
COURSE/CoE END DATE:	

REASON FOR THE RE-ENROLMENT

Please tick appropriate box(es)

- Compassionate or compelling circumstances beyond the control of the student*
- Implementation of an intervention strategy due to not making satisfactory course progress
- Failure to make payment
- Re-enrolment of study has been granted
- Others:

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Additional Notes:

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DETAILS OF RE-ENROLMENT OF STUDY

PROPOSED START DATE:	
PROPOSED END DATE:	
TOTAL WEEK(s):	
TOTAL AMOUNT OWED:	

STUDENT DECLARATION

I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay pro-cessing of the application. If my request is approved, **I agree to pay the fee for re-enrolment and acknowledge that it is my responsibility to notify Department of Home Affairs of the re- enrolment of my course.**

*I also understand that I need to provide documental evidence supporting my **REASON**.

STUDENT SIGNATURE:		DATE:	
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If approved, the Institute will report the changes to your enrolment via PRISMS within 31 working days. If you require more information as to how this action may affect your visa, contact the Department of Home Affairs via Enquiry line 131 881.

If your contact details have changed since you lodged your application, please provide your new details by sending an email to studentsupport@slit.edu.au, otherwise we may not be able to contact you with important information.



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FOR OFFICE USE ONLY

DATE OF SUBMISSION:		SUBMITTED TO:		SIGNATURE:	
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FINANCE CHECK:		CHECKED BY:		SIGNATURE:	
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APPROVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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DATE:		APPROVED/ REJECTED BY:		SIGNATURE:	
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APPLICATION APPROVED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Comments (if any):

NOTIFICATION SENT TO STUDENT ON:	
CoE ISSUE DATE:	
ISSUED BY:	
SIGNATURE:	