

DEFERRAL/LEAVE/WITHDRAWAL/RELEASE (DLWR) FORM

This form is to be used when making an application for a Deferral, Leave, Withdrawal, Internal Course Transfer or Release to transfer to another provider. For international students, OPIE will grant Deferral or Leave only if there are compelling or compassionate circumstances and the evidence of such circumstance has been attached to your application. Students are advised to contact the Department of Home Affairs as it may affect your visa status.

If you wish to transfer to another provider and you have not yet completed six months of your principal course with us, your Release request will be formally assessed as per the guidelines in **OPIE Course Transfer Policy and Associated Procedures**, a copy of which could be found at www.opie.vic.edu.au.



OCEANIA POLYTECHNIC
INSTITUTE OF EDUCATION

CRICOS PROVIDER CODE: 01905F | RTO NO: 6324

1. STUDENT DETAILS

Name	<input type="text"/>	Date	<input type="text"/>
Address	<input type="text"/>		
Date of Birth	<input type="text"/>	Mobile No.	<input type="text"/>
Student No.	<input type="text"/>	Email	<input type="text"/>
Course Name	<input type="text"/>	USI	<input type="text"/>

2. REQUEST TYPE

Please tick the type of request you are applying for and provide details

WITHDRAWAL I understand that refund, if any, will be processed in accordance with *OPIE Fees and Refunds Policy and Associated Procedures*.

Withdrawal Effective From:

DEFERRAL/LEAVE I understand that my request will be granted only if there are compelling or compassionate circumstances and I have provided OPIE the evidence of such circumstance. I also understand that my request will be processed in accordance with *OPIE Deferral, Suspension and Cancellation Policy and Associated Procedures*.

Deferral/Leave From: To

INTERNAL COURSE TRANSFER I understand that my request will be processed in accordance with *OPIE Course Transfer Policy and Associated Procedures*.

Course Transfer Date:

TRANSFER TO ANOTHER PROVIDER I understand that my request will be processed in accordance with *OPIE Course Transfer Policy and Associated Procedures* and refund, if any, will be processed in accordance with *OPIE Fees and Refunds Policy and Associated Procedures*.

Provider Name

Provider Transfer Date: Proposed Course:

REASON FOR THE REQUEST:

3. STUDENT DECLARATION

I understand that my request will be processed in accordance with OPIE's existing policies and procedures. I have been informed of the possible consequences of my request, and I am aware of my right to appeal.

Name

Date

Signature

IF STUDENT IS UNDER 18 YEARS OF AGE

Parent/Guardian Name

Mobile No.

Signature

Email

Relationship to Student

Date

OFFICE USE ONLY

REQUEST HAS BEEN APPROVED?

YES

NO

FINANCE DEPARTMENT HAS CLEARED THIS REQUEST

YES

NO

STUDENT HAS BEEN COUNSELED ABOUT THE RELEVANT CONSEQUENCES AND IMPLICATIONS OF THE REQUEST

YES

NO

COMMENTS: (state the reason for not approving the request)

AUTHORISATION

Name

Signature

Date

ADMIN USE

Recorded in student file

Outcome Letter/Email Sent to Student

RECORDED BY:

SENT BY:

Date

Date



Oceania Polytechnic Institute of Education Pty Ltd

RTO No. 6324 | CRICOS No. 01905F | ABN: 81 075 892 723 | ACN: 075 892 723

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