

RTO Number: 45054 CRICOS Number: 03673A Level 1, 310 King Street, Melbourne, VIC, 3000 Ph: 03 8638 8960

Email: admin@mei.edu.au

Enrolment Cancellation, Refund and Release Request Form

Students are to complete this form when they decide to withdraw their enrolment at MEI. Students are to access the Melbourne Education Institute cancel enrolment policy and procedure, and International Student Fees and Refund policy and procedure prior to submitting this form. This form consists of 3 parts: Part A – Enrolment Cancellation Details; Part B – Refund Request and Part C – Release Request. Please select at least one part and fill in all the required information. Please Contact the admin team if any clarification is required on any matter.

This form should be submitted to admin@mei.edu.au or handed in at reception

PERSONAL DETAILS									
Student ID:			Date of Birth:						
Family Name:			Given Name:						
Mobil	e:		Email:						
ENROLLED COURSE DETAILS									
Tick	Course Code	Course name	Tick	Course Code	Course name				
	Non AQF	General English I		BSB40520	Certificate IV in Leadership and Management				
	Non AQF	General English II		BSB50420	Diploma of Leadership and Management				
	Non AQF	General English III		BSB60420	Advanced Diploma of Leadership and Management				
	Non AQF	General English IV		BSB40420	Certificate IV in Human Resource Management				
	Non AQF	General English V		BSB50320	Diploma of Human Resource Management				
	Non AQF	English for Academic Purposes I		BSB80120	Graduate Diploma of Management (Learning)				
	Non AQF	English for Academic Purposes II		Non AQF	English for Academic Purposes III				
		PART A – ENRO	LMENT	CANCELLAT	TION DETAILS				
Have	you comn	nenced the course?	0						
Please select at least one reason below									
□ Student Visa refusal									
		dy rights t is returning to the home country perman	ently						
		t has changed study plan, please specify yo	-	v plan:					
	Other, please specify:								
Do you have evidence to support the reasons/circumstances you have selected?									
□ No - If evidence is not provided, the application is likely to be invalid									
□ Yes - Please attach supporting documents to this application									
Do you request the refund of your unused tuition fee Yes, please complete Part B NO									
Are you transferring to another institute Yes No									
If yes, have you completed 6 months of the principal course Yes No, please complete Part C									



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PART B - REFUND REQUEST

Reason	Reason for Refund Request: (indicate at least one):								
	Withdrawing from a course due to compassionate or compelling circumstances								
	I am changing education providers and I have a valid Letter of Offer from a new education provider								
	I have failed to r	meet entry requirements/conditions or	the Letter of Offer						
	Withdrawing fro	om a course due to academic issues							
	Withdrawing fro	om a course due to personal reasons							
	My enrolment h	as been cancelled due to a breach of the	ne visa conditions						
	My enrolment h	as been cancelled due to a breach of M	1elbourne Education	Institute policies & procedures/code of conduct					
	Other, please pr	ovide details:							
Payment Method									
□ Ba	ank Transfer								
Ban	k name		Account No						
Acc	ount name		BSB						
	neque								
Nan	ne of the person th	ne cheque is to be made out to:							
Post	tal address								
		PART C - RI	ELEASE REQUEST						
Reaso	n for Transfer								
	Melbourne Educa	ation Institute is unable to provide the o	course in which you a	re enrolled.					
	The student will b	pe reported because of not being able t	o achieve satisfactory	y course progress at the level they are studying,					
	even after engagi	ng with Melbourne Education Institute	's intervention strate	gy to assist the student in accordance with					
	Standard 8 (Overseas student visa requirements).								
	You are experien	cing a threat to your physical or mental	health or safety by s	tudying at this time and can demonstrate clearly					
	how this will be a	lleviated through a deferral/ suspensio	n/ cancellation of en	rolment.					
	There are excepti	ional compassionate circumstances bey	ond your control, suc	ch as serious illness or death of a close family					
	member (indeper	ndent evidence of the exceptional circu	mstances is required) and the exceptional compassionate					
	circumstances ha	ve led to a change in your circumstance	es that makes your cu	rrent and/or continued enrolment					
	inappropriate.								
	g ,								
		ion/cancellation request.							
	You can demonstrate or prove that the reasonable expectations about your current course are not being met.								
	•	•	•	ation Institute or a Melbourne Education					
	Institute's approved Education Agent prior to enrolling in the course.								
	, , , , , , , , , , , , , , , , , , , ,								
	Other (please pro	ovide details):							



Student Signature:

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STUDENT DECLARATION

- I declare that the information supplied on this form and the information given in support of my application is correct and complete.
- I authorise Melbourne Education Institute to obtain official student records from any educational institution necessary to make an informed decision about the application or matters that concern enrolment.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the assessment of my application or a withdrawal of the offer of a place.
- I declare that I have reviewed the Melbourne Education Institute Fees & Refund policy and procedure and understand the impact of submitting this application claiming a refund of fees I have paid to the College.
- I declare that I am aware that the decision to grant my cancellation of enrolment may affect my student visa. Where my application to cancel my enrolment is for a period of more than 28 days, I may be required to return to my home country unless approved by the Department of Home Affairs (DHA).
- I understand that I could complete an internal appeal process in accordance with Melbourne Education Institute's Complaint and Appeal Policy available on the Institute's website: www.mei.edu.au

Date:

OFFICE USE ONLY								
Application received by	Staff name:	Signature:	Date:					
Finance Check	Staff name:	Signature:	Date:					
Outstanding fees \$								
paid								
Enrolment Cancellation Request Granted Declined Further information requested								
Reason for decline or details of further information requested:								
Refund Request: □ Granted □ Declined □ Further Information Requested								
Reason for decline or details of further information	requested:							
Release Request: Granted Declined Fur	ther Information Requested							
Reason for decline or details of further information	requested:							
Approved by	Staff name:	Signature:	Date:					
Application processed by	Staff name:	Signature:	Date:					
PRISMS and SMS updated								
The student informed of the outcome of the								
application								