



Provider Number PRV12114  
CRICOS Provider Code 04168K

## Student, Deferment, Suspension, or Withdrawal Application Form

### 1. Privacy Disclosure Statement

Australian Guild of Education is committed to the responsible collection and handling of your personal information in accordance with all relevant legislation, including the Privacy and Personal Information Protection Act 1998 (NSW) and the Health Records and Information Privacy Act 2002. The personal information collected on this form will be used for the purposes of assessing and processing your application. Your personal information may be disclosed to Commonwealth and State Agencies such as the Department of Education, Skills and Employment (DESE) or the Department of Home Affairs (DHA) pursuant to reporting obligations under applicable legislation. Your personal information will also be disclosed to your overseas student health care provider and, if you are under 18 years of age, to the carer appointed for you under the National Code made under the Education Services for Overseas Students Act 2000. Your information will not be disclosed to other third parties without your consent. You have a right to access personal information that Australian Guild of Education holds about you. See Australian Guild of Education Privacy and Personal Information Policy and Procedure for details, which can be accessed at <https://docs.pia.edu.au/documents.html>

### 2. Personal Details

**Please Use Capital Letters**

Family name (as shown on your passport):

First name (as shown on your passport):

Student ID number:

Date of birth:

Email address:

Type of withdrawal:     Withdrawal             Deferment             Suspension

Refer to the *Student Deferment, Suspension and Cancellation of Study Policy and Procedure* for definitions.

### 3. Reason For Request

Please provide in detail a reason or reasons for requesting a course withdrawal, deferment or suspension, and attach supporting documents.

### 4. Student Declaration

I have read and understood the information on this form. The information I have provided is true and correct. I have provided the following required information (please tick boxes):

- Detailed reason (s) for requesting Withdrawal, Deferment or Suspension
- Supporting documents

**Signature:**

**Date:**

### 5. Send your completed application to:

**Australian Guild of Education**

376 Victoria Street

North Melbourne, VIC 3051

Ph: 03 9966 3671

Or email: [support@guildmusic.edu.au](mailto:support@guildmusic.edu.au)

### Office Use Only

Outcome:  Approved  Not approved

From date:

Confirmation of withdrawal date sent:

Comments (if applicable):

Student Services and Administration Officer Signature:

Date: