

DEFERRAL AND SUSPENSION FORM

Personal Details	Student Name:
	Student ID:
Home Address	
	Suburb: Postcode:
Contact Details	Mobile:
	Home Phone:
	Email:
Course(s) Enrolled	
Intake(s) Date(s)	

Request	Dates
Deferral	From Date: To Date:
Suspension	From Date: To Date:

Please state in full, your reason for suspension or deferral:



Supporting Documentation - Specify and attach Originals or Certified copies. (Originals will be copied and returned to you.)



Acknowledgement

I am aware that should the request to grant my deferral or suspension of enrolment be approved, then my student visa may be affected.

I am also aware that should my request be denied, then I can appeal the decision in accordance with the Complaints and Appeal Policy.

Student signature:		Date:
---------------------------	--	--------------

Office use only			
Received By:		Date:	
Decision outcome (Please tick)	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	Date:	
Reason for outcome		Decision Maker	

Formal Correspondence		
Formal Letter Sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Sent By:		Date:
Appeal of Decision		
Appeal Lodged:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
CAF Number:		Date: