

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: |