

Application for Deferral/Suspension Form

1. Personal Details *(fields marked with an * must be completed)*

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
* Last Name:					* First name:		
* Student ID:					Date:		

2. Contact Details During Deferral/Suspension Period

Future (Temporary) Residential Address	Suburb:		Postcode:	
Which Course you are studying?	Term:	Attending Days (e.g. Monday)		
Mobile Number:	Email Address:			
Preferred Contact Method	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Letter	

3. Request *(please tick one of the following)*

<input type="checkbox"/> Deferral of the Course Enrolment <input type="checkbox"/> Suspension of Study temporarily <input type="checkbox"/> Withdrawal from the Course <input type="checkbox"/> Other (Specify below)	<p style="text-align: center;">Details of Student's Visa</p> <input type="checkbox"/> Visa Subclass: <input type="checkbox"/> Visa Issue Date: <input type="checkbox"/> Visa Expiry Date: <input type="checkbox"/> Applied for visa extension: Yes/No
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Details of Request *(please provide details of your request in the space below)* YOU CAN USE ADDITIONAL PAPER

The student must submit documentary evidence on why he needs this deferral/suspension.

Student's Signature: _____

Date: _____

5. OFFICE USE ONLY

* Receiving Officer Signature:	Request Number:	Date
<input type="checkbox"/> Request analysed with Senior Management (if required)	Senior Management (Name & Signature)	Date
Further Notes (if required)		
Outcome	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
<input type="checkbox"/> Reason for Decline/Action Plan:		