

Application for Deferral, Suspension, Withdrawal and Leave

Student Details	
Course Enrolled in:	
Student Number:	USI :
Given/First name:	Family name:
Address:	Post Code:
Contact Phone:	Mobile:
Emergency Contact:	Email:

I wish to apply to/for:

<input type="checkbox"/> Defer my enrolment:	Intake: <input style="width: 100%;" type="text"/>	Commencement: <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Suspend my enrolment:	From: <input style="width: 100%;" type="text"/>	To: <input style="width: 100%;" type="text"/>	
<input type="checkbox"/> Withdraw my enrolment			
<input type="checkbox"/> Leave of Absence:	From: <input style="width: 100%;" type="text"/>	To: <input style="width: 100%;" type="text"/>	

NOTE: If you wish to defer the commencement of your course, you must demonstrate the special circumstances. Please attach supporting documentation when submitting your application.

Please provide a brief summary of the reasons to support the application, in accordance with the requirements of the College's Policy and Procedures.

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Student declaration:

I am aware of the circumstances that deferral, suspension or withdrawal may have impact on my enrolment.

I am also aware that the decision to grant my deferral, suspension, or withdrawal of enrolment may affect my student visa.

Where my application to defer, suspend or withdraw my enrolment is for period more than 28 days, I may be required to return to my home country unless approved by the Department of Home Affairs (DHA).

I declare that the information I have provided in/with this application is true and correct.

Student's Signature: _____ Date: _____

For Office Use Only:

Is the request granted?	<input type="checkbox"/> Yes. <input type="checkbox"/> No
Please provide reasons for the decision.	
Have you put a copy of the Letter of Deferral, suspension/ Withdrawal in the student file?	<input type="checkbox"/> Yes. <input type="checkbox"/> No
Signature:	
Name and Designation:	
Date:	