

Deferral or Suspension Form

INTERNATIONAL STUDENT LOCAL STUDENT

(Incomplete forms are not acceptable)

Student Details

Sheila Baxter Student ID:
Family Name: Given Name(s):
Date of Birth: Sex: M F
Address:
Telephone: Mobile: Email:

Deferral or Suspension Details

Deferral OR Suspension

Course Name: Course code:
Commence course: Yes If Yes date of last day attended class:
No If No commencement date:
Deferral/Suspension Period from: to (___ weeks/months)

The college may decide to accept an application from a student for deferral of commencement or suspension of study on the following grounds:

- **On medical grounds (a medical practitioner's certificate indicating the student is unable to attend class is required) or**
- **In exceptional compassionate circumstances beyond the students control, such as serious illness or death of a close family member (independent evidence of the exceptional circumstances is required).**
- **In the event of the unavailability, in a particular study period, of key or prerequisite units resulting in a significantly reduced study load. This ground is only available if the deferral allows the student to return to the college with a fuller load in a subsequent study period.**

Please outline the reasons/circumstances for seeking a deferral or suspension:

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Do you have evidence to support the reasons/circumstances outlined? Yes No (please attach)

Student Declaration

I confirm the above information is true and correct. Date:

Students Signature: Printed Name:

If approved, the College will report your deferral or suspension to DEST which may affect the status of your visa. If you require more information as to how this action may affect your visa status contact your local DIAC office or phone DIAC helpline 131 881.

OFFICE ONLY

Course Start & End Date Affected Yes No Update PRISMS Yes No