



Deferment or Suspension of Enrolment Form

Student Details:

Student Name:	
Student ID:	Date of Birth:
Email:	Phone:
Address:	
Course Enrolled:	Date of Submission:

Reasons for request:

<input type="checkbox"/> Health
<input type="checkbox"/> Family (must be immediate member)
<input type="checkbox"/> Others (please specify): _____ _____

Period requested for Deferment/Suspension:

Start from (date): _____	To (date): _____
<i>*New course commencement date will be the closest intake date to the end date of deferment period.</i>	
Deferment/Suspension Fee is \$250.00.	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid
<i>*Defer request will be processed upon deferment/suspension fee is paid.</i>	

Supporting Document (s) must be attached:

<input type="checkbox"/> Yes
1. _____
2. _____
<input type="checkbox"/> No
<i>*Inability to provide required verifiable documentation may result in rejection of your application.</i>



Student Declaration

I, _____, fully understand the college’s policies and procedure of request on deferment and suspension. I understand the Department of Home Affairs will be notified if necessary. I understand the defer fee is applied on this application. I understand this application is subject to approval.

 Student Signature

 Date

For office use only:

Received by: _____	Decided by: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Is the application approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fee Paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If “No”, please list reasons: _____		

The student was notified the outcome by:	<input type="checkbox"/> email	<input type="checkbox"/> document given in person
Registered into the Student File:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered into the RTO:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reported into the PRISM:	<input type="checkbox"/> Yes	<input type="checkbox"/> No