

## Application form- Defer, Suspend

Student's Personal Detail	s				
Full Name:					
Student ID:					
Course Code & Name:					
Address: Post Code:					
Phone no:					
Email ID:					
Request for: (Please tick t	the following)				
Deferment	From:		Till:		
Suspension	From:		Till:		
Please tick the reason for	request.				
Medical Grounds	-	npassionate Reasons	🗆 Futur	e intake/Da	te
Work Commitments	<ul> <li>Financial Circu</li> </ul>				other course
Visa Cancellation	□ Others; Please				
International students mus ASOC is required to notify t <b>Documents attached:</b> □ Medical Certificate		ne Department of Hom	ne Affairs (D	PHA) via PRIS	
Others; please specify					
<ul> <li>Points to be noted:</li> <li>Please note that the Schonly if there are compel attached.</li> <li>Students are advised to visa due to deferment, s</li> <li>In case where deferment ASOC as per their cours reported to the Departm</li> <li>Students have the right 10 (Complaints and app cancelation will not takk health or wellbeing, or the statement of the</li></ul>	ling and compassion seek advice from the suspension or cancel t or suspension has se schedule. Failure hent of Home Affairs. to appeal through A beals) of the National e effect until the inter	e Department Home A lation. not been granted, stu to do so may be seen SOC's complaints and Code 2018, within 20 ernal appeals process i	d the evider ffairs on the dents are re as abandon d appeals pr ) working da is completed	nce for the for e potential in equired to at ing studies a rocess, in ac ays. The defe	bllowing has been mpact on their student stend their classes at and students may be cordance with standards erment, suspension or
<b>Please note</b> : It is advised the suspension, as cancellation you may not be allowed to a	hat students should of enrolment and a	not leave the country	unless stud		



## **Students Declaration:**

I understand that suspension or deferral may result in extension of my course duration and an extended CoE. I also understand that deferment/suspension may affect my student's visa and I need to seek advice from the Department of Home Affairs (DHA) Affairs on the potential impact on my student visa.

 $\square$  I have been advised of all the relevant consequences of the outcome of my request.

□ I have been advised of all the relevant information in relation to the request made on this form.

 $\hfill\square$  I am aware of my right to appeal.

Student Signature:	
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Date:

Office use only:							
Authorised person approval	Name						
Authorised person approval	Signature		Date:				
Decision of Request	🗆 Granted	Not Granted					
Decision granted/not granted	Name:						
by:	Signature:		Date:				
Course Adjustment (If required):							