## Request for Deferment or Suspension of Studies Form

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| Student Details | | |
| Name: |  | |
| Student ID: |  | |
| Contact Phone: |  | |
| Course Group: |  | |
| Expected Length of Absence (weeks): |  | |
| Your Reason(s) for Deferment or Allowable Suspension |  | |
| Details & Evidence (Please provide as much details as possible)  Note: Relevant evidence is required. Attach any supporting documents with this form to support your application. |  | |
| Student Declaration & Signature | | |
| All reasons given above are accurate and true. I also recognise my course progress obligations according to the Department of Home Affairs (DHA). | | |
| Sign: | | Date: |

## Office Use Only

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| Received by: |  | Date: |
| Valid Evidence Sighted and/or collected |  | |
| Decision | Deferral Granted | From: To: |
| Deferral not Granted | Reason: |
| Suspension Granted | From: To: |
| Suspension not Granted | Reason: |
| If granted, likely Impact on Course Duration |  | |
| Signature: |  | Date: |
| Follow-up action | If granted, forward the singed form to Student Admissions Officer for update of student’s eCOE and course duration. If declined, advise the student of the outcome in writing. | |