

Application to Defer, Suspend or Cancel Enrolment

Student Details	
Student Name:	
Student Number:	
Course Enrolled:	
Date of Application:	

I _____ wish to apply to:
(Insert name)

☐ DEFER my enrolment

☐ SUSPEND my enrolment

☐ CANCEL my enrolment

I am aware of the circumstances for deferral, suspension, or cancellation of my enrolment and the following is a brief summary of the reasons to support my application:

(Please attach any supporting documentation for your application)

In signing this application I acknowledge:

- I am aware that the decision to grant my deferral, suspension, or cancellation of enrolment may affect my Student Visa. I am responsible for contacting the Department of Home Affairs (DHA) in relation to my Student Visa status.

Name Signature Date Print

Administration use only		
Date Application to Defer, Suspend or Cancel received		
If applicable- relevant supporting documents attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Application approved by the Student Services Officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Services Officer's Signature: Date:		
Does the Application require follow up (if yes list what is required: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approval letter of deferment, suspension, or cancellation has been generated and sent to the student	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of the Approval letter is filed in the student file	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The appropriate government agency(s) have been notified of the result of the students request (via PRISMS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application administrative tasks processed by:		