ORIGINAL CAMPUS

Student Name:	
Student ID:	
Postal Address:	
Suburb:	Postcode:
Qualification Code:	
Course Start Date:	Course End Date
Application Type:	☐ Deferment ☐ Suspension ☐ Withdrawal from course
Reason for Request: (Ensure compassionate or compelling circumstances are listed)	
Student Declaration:	☐ I have read and understand the Deferment, Suspension and Cancellation and Complaints and Appeals Policies and Procedures.
Signature:	Date:

Application for Deferral/Suspension/Withdrawal

Office Use Only	
Received by:	Date:
Is the Request Granted?	Yes / No (please circle)
Please provide reasons for decision:	
Have you put a copy of the deferral letter on the Students file?	Yes / No (please circle)
Signature:	Date:
Name:	
Position:	