

Request for Deferral or Suspension of Studies Form

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.	
Sign:	Date:

Office Use Only

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 signed form to Student support Officer for update of SMS and course duration. If declined, advise the student of the outcome in writing.	