



Deferral, Suspension or Withdrawal Form

Student Details

Student Name	
Student ID	
Course Code and Name	
Course Intake	
Campus	

Request details

Request	<input type="checkbox"/> Deferral <input type="checkbox"/> Suspension <input type="checkbox"/> Withdrawal
Effective date(s) (deferral / suspension period or withdrawal date)	
Reason	



Student declaration

By signing this form, I certify that the information provided in this form is true and correct.

I am aware that should my request be denied, then I can appeal the decision within **20 business days** in accordance with the Complaints and Appeals policy. You may refer to the Student Handbook for more information.

Student signature	
Student name	
Date	



Admin Use Only	
Name	
Position	
Action	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Reason for decision	
Refund processed (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date processed:
Logged in Notes	<input type="checkbox"/> Yes <input type="checkbox"/> No Date logged:
Confirmation of decision letter sent	<input type="checkbox"/> Yes <input type="checkbox"/> No Date sent: Sent by:
Appeal lodged	<input type="checkbox"/> Yes <input type="checkbox"/> No Reference number:
CEO signature	
Date	