



INTERNATIONAL STUDENT

> APPLICATION TO DEFER STUDIES

This form should be completed if you wish to have your enrolment deferred for compassionate grounds or exceptional circumstances.

STUDENT DETAILS

Student number: Title (Mrs, Miss, Ms, Mretc): Date of birth:

Family name: Given name(s):

Street+number:

Suburb: Postcode:

Telephone: Mobile: Email:

COURSE DETAILS

Name of course you wish to defer from:

Please state the last date you will attend classes:

Deferral semester: Year: (YYYY) Commencing semester: Year: (YYYY)

I wish to remain in Australia during this time I will be returning to my home country

Please explain the reason you wish to defer your course:

STUDENT CHECKLIST AND DECLARATION

I have discussed the impact this deferral will have on my current student visa with the Department of Home Affairs.

Supporting evidence is attached to this form (eg. medical certificate etc. to support the reason you wish to defer your studies).

Student name: Signature:Date:

Parent/ Legal guardian name: Signature:Date:

OFFICE USE ONLY

Approved Not approved Student notified by email