



Deferral, Suspension and Cancellation Form

	Request	Student	Staff
DSC No (Admin Staff):	DEFERRAL		
Date Raised:	SUSPENSION		
Name of Person:	CANCELLATION		

Section 1

Reason: (Please attach any supporting documentation)

Acknowledgement (Student Only)

I am aware that should the request to grant my deferral, suspension, or cancellation of enrolment be approved, then my student visa may be affected. Where I am not enrolled in any course for a period of more than 28 days, I may be required to return to my home country unless approved by the Department of Home Affairs (DHA).

I am also aware that should my request be denied, then I can appeal the decision in accordance with the Complaints and Appeals process.

STUDENT		STAFF	
Print Name		Print Name	
Signature		Signature	
Date		Date	
Commencement Date		Commencement Date	
Resumption Date		Resumption Date	



Authorisation					
Section 2					
Action to be taken:	DEFERRAL		SUSPENSION		CANCELLATION
Granted					
Denied					
Commencement Date:			Resumption Date:		
Comments:					
Who:		When:		Required By:	
Signed:			Position:		

Admin Use Only					
DSC Register					
Logged in DSC Register:	Yes	No	Date:		
Logged By:			Signature:		
Formal Correspondence					
Formal Letter Sent:	Yes	No	Date:		
Sent By:			Date:		
Appeal of Decision					
Appeal Lodged:	Yes	No	Date:		
CAF Number:			Date:		