



APPLICATION TO DEFER

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

STUDENT DETAILS

Student number: Title (Mr/Mrs/Miss/Ms etc): Date of birth:

Family name: Given name(s):

Address (Number & street):

Suburb/Town/City: State: Postcode:

Country: Telephone: Email:

COURSE DETAILS

Name of course you wish to defer from:

Please state the last date you will attend classes:

Deferral semester: Year: Commencing semester: Year:

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 (e.g. medical certificate etc.)

Student name: Signature: Date:

Parent/Legal guardian's name: Signature: Date:

OFFICE USE ONLY

- Approved Not approved Student notified by email

Date: