

Deferral, Suspension and Cancellation Form



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	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 Immigration and Border Control (DIBP).

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

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Authorisation			
Section 2			
Action to be taken:	DEFERRAL	SUSPENSION	CANCELLATION
Granted			
Denied			
Commencement Date:		Resumption Date:	
Comments:			
Approved By			
Signature		Date:	/ /

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:		Signature:	
Appeal of Decision			
Appeal Lodged:	☐ Yes ☐ No	Date:	/ /
CAF Number:		Signature:	