

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 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

Deferral, Suspension and Cancellation Form



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:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	/ /
Logged By:		Signature:	
Formal Correspondence			
Formal Letter Sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	/ /
Sent By:		Signature:	
Appeal of Decision			
Appeal Lodged:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	/ /
CAF Number:		Signature:	