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Return completed form to:  
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CRICOS 02563D

## APPLICATION FOR DEFERRAL / SUSPENSION OF ENROLMENT

### PERSONAL DETAILS

Student Name:

Student Number:

Contact Number:

Email:

### DATES

I am applying for a  Deferral  Suspension

beginning on the following date:

and will return on the following date:

### REASON(S) (attach any relevant documentary evidence)

### DECLARATION

I understand and will abide by all rules and procedures if the transfer is approved. I understand that DIAC will be notified of this change if I am studying on a Student Visa and I may have to go to immigration to lodge a new CoE. I understand there may be fees incurred and agree to pay these.

Signature:

Date:

### Office Use Only

Received by:

Date:

Approved:  Yes  No

Approved by:

Reason, if not approved:

Fees (if applicable): \$

Date student informed of result:

eBECAS updated: