

Cancellation / Deferment / Leave of Absence or Extension Form

Deferment enables students who have gained entry to our course, but who have not yet commenced study, to delay starting the course.

Leave of Absence enables students who have commenced studies with our college to suspend their studies on limited grounds.

Student Details (Please Print Clearly)

Male Female

Date of Birth (dd/mm/yy): _____

First Name: _____

Family Name: _____

Student ID: _____

Course Details: _____

Period requested: ____/____/____ to ____/____/____

Please select your reason for requesting to defer your studies

- Sickness Please attach a letter from a registered Medical Practitioner.
- Family Emergency Please attach evidence of Deferment / Leave of Absence Reason.
- Compassionate Grounds Please attach a letter from a registered Medical Practitioner.
- Marriage Please attach relevant evidence
- Others

Details: _____

I understand that my deferment / leave of absence will be reported to DIAC as per Government Policy

Signature: _____

Date: _____

Office Use Only

Approved Yes No

Reason/Comments: _____

If Yes – Period Deferment / Leave of Absence granted: _____

_____ to _____

CEO/ Director of Studies or Delegate signature: _____

Date: _____

Administration Updated

DIAC Advised

Student name removed from Roll