

APPLICATION FOR SUSPENSION OF STUDIES, DEFERRAL AND/OR LEAVE



Student Details

Student ID: _____ USI No: _____
Course enrolled in: _____
Given/first name: _____
Family name: _____
Address: _____
State: _____ Post code: _____
Email: _____
Contact phone: _____ Mobile: _____

Leave Details

I am applying for Leave of Absence Suspension/deferral
Dates requested for leave From: _____ To: _____
Term: _____ Year: _____
Grounds for requested leave Medical Exceptional Circumstances

To be eligible the student must supply the following:

- An airplane ticket detailing departure and return dates.
- Medical certificate and other supporting documentation
- A letter explaining why the leave is required.

Your application cannot be considered without the correct documentation.

Declaration by the Student:

I acknowledge that if my period of suspension, deferral and/or leave results in the need to repeat a unit, a term or a period of study I will extend my CoE end date if applicable. I also acknowledge that this leave period may affect my student visa and I understand that I need to seek further information from Department of Home Affairs and will use their website, helpline (1300 853 773) or attend the office regarding advice about my visa.

Student's signature: _____ Date: _____

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Office Use Only:

Supported by Student Admission:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Student Admission staff signature:			
Approved by Accounts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
If No: What amount is outstanding \$	What was the due date of these fees?		
Accounts staff signature:			

