

Deferral & Suspension of Enrolment Request Form

PLEASE FILL IN ALL FIELDS ON THIS FORM

Note

- This form applies to students who wish to defer/suspend their course due to compassionate or compelling circumstances.
- Allow up to 15 working days from lodgement of a full application to be assessed and processed. Whilst an application is being reviewed, students are expected to continue to attend and participate in all course activities.
- Students should acknowledge the following:
 1. By applying for course deferment, you will most likely be falling behind on your proposed course progression and will not be able to graduate on time as per the date specified on your CoE or Full Letter of Offer.
 2. An extended period of study (enrolment) may be inevitable to achieve completion of your study.
 3. To remain lawful in Australia and continue your extended period of study (enrolment) towards completion of the course, you will be responsible for your own student visa arrangements (extension/application for a new student visa). Any expenses, outcomes and risks regarding the extended period of student visa will be your own responsibility.
- The completed form and supporting evidence should be submitted to Student Support at your current campus or sent to reachstudentsupport@vconsultancy.com.au.

Section A – Student Details	
Student number:	
Family name:	Given names:
Mobile:	Email:
Visa type and subclass:	
Residential address:	
Section B – Course Details and Dates of Deferment	
Current course:	Campus:
Deferment from date (must be a Monday):	Resumption date (must be a Monday):
Section C – Reasons for applying for deferment	
Please provide detailed reasons for your request for deferment:	

Section D - Student Declaration

- I have read and understood the above note and relevant College policies.
- I declare that the information provided is true and complete.
- I acknowledge that the provision of incorrect information or the withholding of relevant information may delay the processing of my application.
- I consent to the College contacting medical practitioners/any third parties for the purpose of verifying the information provided in this form and confirming the authenticity of the supporting evidence that I have provided.
- I am aware that it is my responsibility to make sure that my visa and health insurance is covered for the new duration of studies.
- I understand that it is my responsibility to seek advice from relevant authorities, including the Department of Home Affairs, regarding the possible impacts on my visa.

Signature of student:

Date (dd/mm/yy):

If the student is under 18, the form is to also be signed by the parent/guardian:

Signature of parent/guardian:

Date (dd/mm/yy):

Office Use Only – Student Support

Date application received:

Received by:

Application outcome: Approved

Rejected

Date processed:

Processed by:

Further comments (if required):