



Deferral, Suspension and Cancellation Form	
First Name:	
Family Name:	
Course Enrolled:	
Student ID:	
1. I would like to:	
<input type="checkbox"/> To defer my course <input type="checkbox"/> To suspend my course <input type="checkbox"/> To cancel my course	
2. Please provide further details to support your request	
3. Document/s to support my request <i>(please select the applicable one/s)</i>	
<input type="checkbox"/> Medical Certificate <input type="checkbox"/> Evidence of a major political upheaval or natural disaster in your home country <input type="checkbox"/> Plane ticket <input type="checkbox"/> Death Certificate <input type="checkbox"/> Evidence of a traumatic experience, supported with a Police Report, Psychologist Report or suitably qualified professional <input type="checkbox"/> Other support evidence <i>(please specify below)</i>	