

Application to Defer or Suspend Enrolment

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Student ID:	Student Name:
Phone:	Email:
Course Name:	
Address:	

Student Deferment / Suspension Request

I (Print Name) _____ Student Number _____

am enrolled at iLearn OZ and wish to apply to defer/suspend my studies in my course(s) stated below (List all courses you wish to defer/suspend from)

I commenced my studies / was scheduled to commence my studies on _____

I wish to defer/suspend my studies from _____ to _____ for _____ weeks.

My recommencement date will be on _____

Student Reason for Deferring / Suspending Enrolment (Please detail your reason(s) for wishing to defer/suspend from your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary)

Document Checklist

- Medical Certificate
- Airline Ticket
- Letter from Student
- Other Documentation (Please specify):

By signing this document, you are indicating that you are aware of iLearn OZ's Student Deferment, Suspension and Cancellation Policy and terms and conditions stipulated in your Offer Letter and Student Acceptance Agreement.

I (Print Name) _____ declare that all information and supporting documentation

provided by me is true and correct.

Student Signature: _____ Date: _____

Please note: If you are on a student visa and your deferment / suspension request is approved, government legislation requires iLearn OZ to inform the Department of Home Affairs of the deferment / suspension. This may affect your student visa.

Office use only

Payment received Yes No

Application <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED			
Action Taken By	Name:	Signature:	Date:
Comments:			

