

# 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 ( if the request for suspension is greater than 28 days, the student must not return to the country more than 4 weeks before the start of the next term)
- 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 DIAC and will use their website, helpline (131 881) or attend the office regarding advice about my visa.

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## Office Use Only:

Supported by Student Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Student Services staff signature:			
Approved by Finance <i>Note: If approved, Finance to modify account if applicable.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
If No: What amount is outstanding \$	What was the due date of these fees?		
Finance staff signature:			
Processed by Admissions <i>Note: If approved, Admissions to notify Timetable Office</i>	Yes <input type="checkbox"/>		Date:
Admissions staff signature:			