

## DEFERRAL, SUSPENSION OR CANCELLATION APPLICATION FORM (Domestic/ Other Temporary Visa Student)

- Please fill it in using CAPITAL/BLOCK LETTERS and tick (✓) relevant option.

Personal Details		Contact Details	
Student No.:		Email Address:	
Given Name:		Mobile Phone No:	
Family Name:		Address:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Post Code:
Date of Birth:	/ /	USI No.:	
Course Code & Name:			
<b>I would like to apply for: tick (✓) relevant option</b>			
<input type="checkbox"/> <b>A. Deferral of Commencement</b>			
Initial Start Date:	/ /	Supporting document attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Deferred Start Date:	/ /		
<input type="checkbox"/> <b>B. Suspension</b>			
Suspension Start Date:	/ /	Supporting document attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Suspension End Date:	/ /		
<input type="checkbox"/> <b>C. Cancellation</b>			
Cancellation Date:	/ /	Supporting document attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Details of the reason of your application:</b>			
<hr/> <hr/>			
<b>DECLARATION</b>			
I, hereby declare that all the information provided in this form is true and correct. I understand that the submission of this form has no bearing on my financial relationship with the Melbourne City College Australia, or modify any fees owing.			
Signature: _____ Date: ____/____/____			
<b>DEFINITIONS:</b>			
<b>Deferral: means to delay the commencement of a course.</b>			
<b>Suspension: means to temporarily delay the enrolment once the course has commenced.</b>			
<b>The College will respond to your application within 10 working days.</b>			

FOR OFFICE USE ONLY			
Application Received by -	Name:	Signature:	Date:
Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: / /	
<b>If yes:</b>			
Deferred Commencement Date Granted: ____/____/____			
Period of Suspension Granted: ____/____/____ to : ____/____/____			
Cancellation Date Granted: ____/____/____			
Name:		Supporting documents attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Signature:		Notification to student attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
		Wisenet Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments:			

N/A = not Applicable