

APPLICATION FOR DEFERMENT/SUSPENSION/CANCELLATION/WITHDRAWAL

Student's Personal Details:

Full Name

Date of Birth

Course Code & Name

Address

Contact Number

Email Address

Please tick the reason for request:

- Medical grounds
 Exceptional reasons
 Change of mind
 Other

Please mention the reason in detail:

Note: International students must state the reason and provide documentation for deferring their studies as Accord College needs to give this information to the Department of Home Affairs.

Documents attached

- Medical certificate
 Travel documents
 Letters/emails
 Supporting certificates

Please tick the reason for request:

- Deferment Date from: _____ To date: _____
 Suspension Date from: _____ To date: _____
 Cancellation/withdrawal date effective from: _____

- Please note that in case of international students, the institute will grant a deferral of your commencement or temporary suspension of your studies only if there are compelling and compassionate circumstances and the evidence has been attached. Students are advised to contact the Department of Home Affairs as it may affect your visa status.
- I have been advised of all the relevant consequences of my request.
- I have been advised of all the relevant information in relation to the request made on this form.
- I am aware of my appeal rights.
- This application will be processed within 10 working days.

Student signature: _____ Date

Office Use Only:

Name of person receiving form _____ Signature: _____ Date:

Finance Approval _____ Signature: _____ Date:

Decision of Request (please tick) Granted Not-Granted

Name of person who processed _____ Signature: _____ Date: