

Deferral, Suspension and Cancellation Form

First Name:	
Family Name:	
Course Enrolled:	
Student ID:	

1. I would like to:

- To defer my course
- To suspend my course
- To cancel my course

2. Please provide further details to support your request

3. Document/s to support my request *(please select the applicable one/s)*

- | | | |
|--|---|---|
| <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> |

