Deferment, Suspension, and Cancellation Form

Student Details			
Family Name:		Given Name:	
Passport No:		Nationality:	
Date of Birth:		Mobile:	
Student ID:		USI:	
Address:			
Email:			

Course Information			
Course Code:		Commencement Date:	
Course Name:			
☐ Deferment	☐ Suspension		☐ Cancellation
Date Start:		Return date (if applicable):	
Reason for Deferment, Suspension, or cancellation:			

Student Declaration:

I hereby declare that all information and documents provided are true and genuine.

Student's Name (Print):_____

Student's Signature:_____Date: _____

Do not write below this - Office Use ONLY			
Received by (PRINT):			
Signature:		Date:	
Date notify student the outcome via email:			
Date documents scanned and uploaded to the Student Management Database:			
☐ Approved			
☐ Rejected			
Decision by (PRINT):		Position:	
Signature:		Date:	

Comments (Reason of approval and rejection, dates, etc. if applicable):