



Application to Defer, Suspend or Cancel Enrolment

Student Details			
Student Name:			
Student Number ID:	SPI	Date of Birth :	
Course Enrolled:			
Address :			
Contact No.			
Email Address :			

I _____ wish to apply to
 (Insert name)

CANCEL my enrolment for all the courses / **or** _____

DEFER my enrolment. [New course start date: _____]

SUSPEND my enrolment. [From date: _____ to date: _____]

I am aware of the circumstances for deferral, suspension, or cancellation of my enrolment and the following is a brief summary of the reasons to support my application:

(Please attach supporting documentation for your application)

In signing this application I acknowledge whatever I have stated above: _____

Print Name

Signature

Date



Application to Defer, Suspend or Cancel Enrolment

Administration use only		
Date Application to Defer, Suspend or Cancel received		
If applicable- relevant supporting documents attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Application approved by the Student Support Manager/ General Manager?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Support Manager/ General Manager Signature: Date:		
Does the Application requires follow up (if yes list what is required: _____)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approval letter of deferment, suspension, or cancellation has been generated and sent to the student	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of the Approval letter is filed in the student file	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The appropriate government agency(s) have been notified of the result of the students request (via PRISMS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Application administrative tasks processed by:		
Comments :		