

Application to Defer or Suspend Enrolment

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Phone:
Course Title:	Email:
Group:	Date:

Student Deferment / Suspension Request

I (Print Name) _____ Student Number _____ am enrolled at Sydney Metro College and wish to apply to defer/suspend my studies in my course(s) stated below (List all courses you wish to defer/suspend from):

I commenced my studies / was scheduled to commence my studies on _____ and have completed approximately _____ hours / weeks of study in my course.

I wish to defer/suspend my studies from _____ to _____ for _____ weeks.

Student Reason for Deferring / Suspending Enrolment (Please detail your reason(s) for wishing to defer/suspend from your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary)

By signing this document, you are indicating that you are aware of Sydney Metro College's Student Deferment, Suspension and Cancellation Policy and terms and conditions stipulated in your Offer Letter and Student Acceptance Agreement.

I (Print Name) _____ declare that all information and supporting documentation provided by me is true and correct.

Student Signature: _____ Date: _____

Please note: If you are on a student visa and your deferment/suspension request is approved, government legislation requires Sydney Metro College to inform the Department of Immigration and Border Protection (DIBP) of the deferment/suspension. This may affect your student visa.

Office use only.

Application Received By	Name:	Signature:	Date:
Payment received	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Application Approved or Rejected (Please circle)			
Action Taken By	Name:	Signature:	Date:
Staff Comments:			