

Deferment or Suspension of Studies Request Form

IMPORTANT NOTE: You **MUST** read the Deferring, Suspending or Cancelling Enrolment Policy and Procedure prior to completing this form.

Course Details	
CRICOS Course Code	
Course Name	

Student Details			
Full Name:			
Student ID:		Date of Birth	
Current Address:			
Phone no (Mobile)			
Email Address			

Emergency Contact Name and Number:			
<i>PCI, Australia requires these details in case if we are unable to contact you during deferral/ suspension of the course.</i>			
Name:		Relationship to you	
Contact Number		Email address	
Name:		Relationship to you	
Contact Number		Email address	

Defer / Suspend – indicate below

Defer my Course	Until the next intake in :		
Suspension	FROM:		TO:
Reason for Deferral/Suspension	<input type="checkbox"/> Medical <input type="checkbox"/> flight ticket <input type="checkbox"/> visa If none of the above, please add below Other:		
Evidence attached (list attachments)			

Student Declaration

By signing below, I _____, confirm that:

(Student Name)

1. I have been fully informed of the **Deferring Suspending or Cancelling Enrolment Policy and Procedure and Course Transfer Policy and Procedure**. I understand and agree to the conditions of these policies and procedures as relevant.
2. I am fully aware that any course changes will be communicated to the Department of Home Affairs (DHA) and the Department of Education (DoE) and how it may affect my student visa.
3. I am fully aware that I must contact the DHA for enquiries relating to my visa.
4. The outcome of this Application will be provided in writing within ten (10) working days of receipt of application.
5. If this Application is refused, the reasons for this will be communicated to me including my right to access the complaints and appeals process as outlined in the **Complaint and Appeal Handling Policy and Procedure**.
6. There is no cost associated with this application. Where applicable, PCI, Australia will refund any course fees paid in accordance with the Fees and Refunds Policy and Procedure.
7. I understand and agree with that:
 - 7.1 I must provide supporting evidence to justify my reasons for deferral/suspension.
 - 7.2 I must settle my tuition fees before suspension if the payment due occurs during the suspension period.
 - 7.3 I will inform PCI, Australia if I need to extend my suspension or if I am able to resume early.
 - 7.4 My enrolment may be cancelled if I fail to resume studies immediately after the suspension end date.
 - 7.5 My enrolment may be cancelled if I provide false or misleading information.
 - 7.6 DHA has the discretionary power to cancel the student visa if I gain approval of deferral/suspension using false or misleading information/evidence.
 - 7.7 My request for deferral or suspension will be communicated to the Secretary of the Department of Education, and my student visa may be affected as a result.
8. I have attached sufficient and appropriate evidence to support my application (if required).

Student Name:	
Student ID:	
Student Signature:	
Date:	____/____/____

OFFICE USE ONLY

Approved

Current course finish date effected	
Current course new finish date	
Future Course dates effected	
New future course dates	
Added defer record and changed course dates in aXcelerate	
Name of person who added the details into aXcelerate	
Student payments settled	
Name of person who processed the student payments	
Updated SCV in PRISMS	
Name of person who updated SCV in PRISMS	

Not Approved

Student has been informed	
Name of person who notified the student	
Date student was notified	

Comments

Date all tasks completed	
Complete by:	