

Application for Deferment (ADCS)

Important:

- You **MUST** complete and submit this form to the Student Support Officer or email the form to info@stanleycollege.edu.au
- You will be notified about the outcome of your request for Deferment within 10 working days from the date Stanley College **receives** your application.
- Please read the Stanley College Deferment, Suspension and Cancellation Policy before completing this form to identify if you meet the requirements to be granted a Deferment of studies.

Personal Details

Given Name _____ Family Name _____

Student ID _____ Date of Birth _____ Group Name _____

Course Enrolled _____ Email _____

Current Address _____

I am applying for: A deferment of studies

Proposed date the deferment shall be effective: _____

Proposed recommencement date: _____

Reasons for your application for deferment or cancelation (Please attach supporting documents):

Declaration

I, _____ (Student Name), understand that:

- This application will be considered in accordance with Stanley College's Deferment, Suspension and Cancellation Policy.
- I understand the implications on my student visa, should my application be successful.
- I have attached all relevant supporting documents.
- If my circumstances change and I do not return on the agreed recommencement date I shall notify Stanley College as early as possible, endeavouring to provide at least 28 days notice.
- I understand that failure to return on the recommencement date without prior notification may lead to the cancellation of my enrolment.

Signature: _____

Date: _____

Office Use Only

Received By:	Date:
Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	CEO:
Reasons:	