

## Application for Deferral Form

### International Students

This form is to be completed by international students who wish to defer their studies. Deferral of studies will be granted in compassionate or compelling circumstances as per Southern Academy of Health Science's Deferral, Suspension and Cancellation Policy. Students are required to provide documentary evidence of such circumstances.

Your visa may be affected by your application to defer so you should contact DIBP on 131881 to discuss any visa implications.

**Student details**

Student Name:	Student ID:
Date of Application:        /        /	Course:

I wish to defer my enrolment with Southern Academy of Health Sciences. I wish to defer my studies for the following reason/s:

I wish to defer my enrolment until (insert date): \_\_\_\_\_

Address while on leave:	
Ph:	Mobile:
Email:	

In signing this form you agree:

- The information provided is true and complete.
- That you accept that the course structure of the deferred course may change.
- That you accept that where your deferment results in commencement of studies in a new study intake, the fees for the course may be increased and you understand the implications for your student visa.
- That you have attached all required supporting documents.
- That you accept that the deferral may have implications on your visa status.

**Student Signature**

Signed:	
Printed Name:	
Date:	

## Application for Deferral Form

International Students

**Office Use Only**

Deferral Form

Approved

Not Approved

Checklist

Notified Student

SMS updated

PRISMS updated

Comments:

Approved/ Rejected By:

Staff Name:

Position:

Signature:

Date