

REQUEST TO DEFER, SUSPEND OR CANCELLATION FORM

First Name		Family Name			
Student ID		Date of Birth			
Contact Number		Email			
Address					
Request for	☐ Deferment				
		Date			
	☐ Cancellation				
Circumstances	Please tick the box that applies to you				
	☐Medical Grounds				
	□Future Intake / Date				
	□Work Commitments				
	☐Financial Circumstances				
	□Compelling / Compassionate reasons				
	☐Transferred to another course				
	□Others, please specify				
	Please outline your circumstances to justify the reason you have ticked above.				
	(If you require more space please attach a separate sheet)				



		Document atta	ched					
		☐Medical Certificate						
		☐Travel Document						
Evidence a	ttached	□Payment receipt to TKL College						
		□Supporting Certificate						
		☐Others, pleas	e specify					
N T	4. 16							
Note to Into	ernational S	tudents:						
susy com Studimp In corequimay Aff It is app take or v	pension of or passionate of dents are advected in his or ease where de- uired to attent y be seen as a airs. Is advised that eals process e effect until wellbeing, or	r complete cancel circumstances and vised to seek advit her student visa eferment or suspend their classes at abandoning studient students have the within 30 working the wellbeing, or	lation of your students of the evidence for se from the Department tension or cancellar TKL College as es and students of the eright to appeal and grays. The defeats process is correct the wellbeing of the event was the country united the event of the event was the evidence of the event of	f others, is likely t less student has a vali	are comached. Affairs cancellation granted chedule. Departuble Departuble over cancel over see to be at 1 and deferment of the deferment of t	on the potential on. I, students are . Failure to do so ment of Home omplaints and celation will not eas student's health risk.		
STUDENT'S DECLARATION								
I understand that suspension or deferral may result in extension of my course duration and an extended CoE, whereas, cancelling my course will result in cancellation of my CoE. I also understand that deferment/suspension/cancellation may affect my student visa and I need to seek advice from Department of Home Affairs (DHA) on the potential impact on my student visa. • I have been advised to all the relevant consequences of the outcome of my request. • I have been advised to all the relevant information in relation to the request made of this form. • I am aware of my right to appeals.								
Student Name			Signature		Date			



For Office use only					
Decision of request granted					
☐ Granted	☐ Not Granted				
Decision made by					
Name					
Position					
Signature					
Date					
Course Adjustm	nents (If required)				