

Instructions to applicants

Request Record		Request	Student	Staff
Record No (Student Services / Administration Staff):		Deferral		
Date:		Suspension		
Name of Student:		Cancellation		
Course Name:		Student ID:		
Mobile:				
Email Address:				
Deferral/Suspension (From Date):	Deferral/Suspension (To Date):	Cancellation Date:		
Section 1				

Student		Staff	
Print Name:		Print Name:	
Signature:	Date:	Signature:	Date:



Deferral, Suspension and Cancellation Form

Office Use Only

Section 2

Action to be taken:	Deferrral	Suspension	Cancellation
Granted	☐	☐	☐
Denied	☐	☐	☐

Comments:

Logged by:

Signature: