ANDERSON College
Address: Level 6, 190 Queen Street
Melbourne, VIC 3000
Contact: (+61) 411 333 327
www.andersoncollege.vic.edu.au

Deferment or Suspension Form

Title:	☐ Mr	☐ Mrs	☐ Ms	☐ Miss	☐ Other
Student Full Name:					
Student ID:					
Date of Birth:					
Address:					
Contact Number:					
Email:					
Course Code and Name:					
Course start date:		Course finish date:			

Type of request:	☐ Deferment	☐ Suspension

Reason for deferment or suspension:

☐ Medical Grounds ☐ Compelling/Compassionate Reasons

☐ Future Intake/Date ☐ Financial Circumstances

☐ Visa not granted yet (offshore appplicants)

☐ Other, please specify: _____

Please mention the reason in detail:

_____

_____

_____

Documents Attached:

☐ Travel Documents ☐ Supporting Certificates/Reports

☐ Other, please specify: _____

_____

_____

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Dates/Duration of deferment:			
From:	_____	To:	_____
_____	☐ Days	☐ Weeks	☐ Months
☐ Next intake: _____ (month/year)			

Student Declaration:

By typing my name in the box below, I declare the information provided by me (the student) on this form is true and correct. I understand that even if Anderson College approve my application for deferment, suspension or cancellation, I may need to contact DHA regarding any visa changes that may occur hereafter. Do you agree?

☐ Yes ☐ No

Signature:		Date:	

Office Use Only

Received and checked by:		Date:

Decision of Request:	☐ Granted	☐ Not Granted
Authorised Management Approval:		
Designation:		Name:
Signature:		Date:

Fees up to date	☐ Yes	☐ No
If No, add comments:		
Evidence provided	☐ Yes	☐ No

Deferment/Suspension start date		Deferment/Suspension end date	
COE end date affected	☐ Yes	☐ No	
New COE end date (if applicable)			

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Future COE dates affected?	☐ Yes	☐ No
Future COE course	**Future COE (new) start date**	**Future COE (new) end date**
CHC33021 (115187F) Certificate III in Individual Support		
CHC43121 (115188E) Certificate IV in Disability Support		
CHC52021 (115189D) Diploma of Community Services		
BSB80120 (115190M) Graduate Diploma of Management (Learning)		

Name:		Signature:	

PRISMS Processed:	☐ Yes	☐ No
CoE duration adjusted:	☐ Yes	☐ Not Applicable
Student informed:	☐ Yes	☐ No
Student File Checklist for Deferment Suspension:	☐ Evidence of "Notification given to student" has been attached in the file ☐ New CoE attached in the file ☐ Documentary Evidence including this form and supporting documents have been kept in file	