**APPLICATION TO DEFER START DATE**

USE: This form is to be used for deferring (postponing) the commencement date of a course of study.

**STUDENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT NUMBER:** **IS THE STUDENT SVP?** Yes / No (Please Circle)

For which course are you seeking a suspension?

**COURSE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REASON/S FOR DEFERRING YOUR ENROLEMNT**:

Imagine Education can only defer a student enrolment on the grounds of:

Compassionate or compelling circumstances (e.g. illness where a medical certificate states that the student is unable to attend classes), or

* Misbehaviour by the student (see Provider initiated suspension of student enrolment)

**State your reason for applying to have your enrolment start date deferred**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**DATES FOR DEFERRAL:**

**FROM: TO:**

(This MUST be the original course (This MUST be a Monday)

start date being a Monday)

**Will you be in Australia over this period? (Please circle) YES NO**

**\* YOU WILL REQUIRE A NEW COE? YOU WILL BE CHARGED $50.00**

**Are you currently enrolled in other courses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Note:** A deferral may affect your student visa. You must contact the Department of Home Affairs (DHA) for visa information before submitting this form. Contact DHA by phone on 131 881 or through their website at [www.immi.gov.au](http://www.immi.gov.au)

**Declaration**: I hereby apply to suspend my course of study and acknowledge that this application will be processed in accordance with the Imagine Education Australia, Suspension and Cancellation Policy, which I have read and understood. I understand that if my application is declined, I will have 20 days to access the Appeals process as detailed in the Student Handbook. I understand that fees due during my temporary suspension will require payment as per the arranged payment plan.

**STUDENT SIGNATURE: DATE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY:** | | | | |
| **Received by:** |  | | **Date Received:** | **/ /** |
| **Application Approved by:** |  | | **Application Declined by:** |  |
| **EVIDENCE PROVIDED:** | | | | |
| **Will the course End Date be affected?** | | **YES NO** |  |  |
| **Actioned by:** | | **🞎 PEPI 🞎 PRISMS** | **Date Actioned:** | **/ /** |
| **Student Advised:** | |  | **Date Sent:** | **/ /** |
| **Trainer Advised:** | |  | **Date Sent:** | **/ /** |
| **Agent & Account Manager Advised:** | |  | **Date Sent:** | **/ /** |