

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Phone:
Course Title:	Email:
Group:	Date:

I (Print Name) _____ Student Number _____ am enrolled at YES College and wish to apply to defer/suspend my studies in the course(s) listed below (List all courses you wish to defer/suspend from):

I wish to defer/suspend my studies from _____ to _____ for _____ weeks.

Student Reason for Deferring / Suspending Enrolment (Please detail your reason(s) for wishing to defer/suspend from your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary)

Application to Defer or Suspend Enrolment



By signing this document, you are indicating that you are aware of YES College's Student Deferment, Suspension and Cancellation Policy and terms and conditions stipulated in your Offer Letter and Student Acceptance Agreement.

I (Print Name) _____ declare that all information and supporting documentation provided by me is true and correct.

Student Signature: _____ Date: _____

Please note: If you are on a student visa and your deferment/suspension request is approved, government legislation requires YES College to inform the Department of Home Affairs of the deferment/suspension. This may affect your student visa.

Office use only

Application Received By	Name:	Signature:	Date:
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Application Approved or Rejected (Please circle)

Action Taken By	Name:	Signature:	Date:
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Staff Comments: