



**APPLICATION FOR DEFERMENT / SUSPENSION**

**Student Details**

|                             |  |                       |  |
|-----------------------------|--|-----------------------|--|
| <b>Student Name</b>         |  |                       |  |
| <b>Student ID</b>           |  | <b>Date of Birth</b>  |  |
| <b>Email</b>                |  | <b>Contact Number</b> |  |
| <b>Course code and name</b> |  |                       |  |

**Please tick the reason for deferment/suspension**

Medical Grounds  Compelling/compassionate Reasons  Future intake/Date

Please explain the reason in detail

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International students must state the reason, and provide documentation for deferring their studies as Veritas Institute Australia needs to notify this information to the Department of Home Affairs (DHA) via PRISMS.

**Documents attached**

Medical Certificate  Travel Documents  Mails  Supporting certificates

**Please tick what is being requested**

Deferment from \_\_\_\_/\_\_\_\_/\_\_\_\_  Deferment till \_\_\_\_/\_\_\_\_/\_\_\_\_

Suspension from \_\_\_\_/\_\_\_\_/\_\_\_\_  Suspension from \_\_\_\_/\_\_\_\_/\_\_\_\_

|                             |                |
|-----------------------------|----------------|
| <b>Last date of studies</b> | ____/____/____ |
|-----------------------------|----------------|

- I understand that the institute will grant a deferral of my commencement or temporary suspension of my studies only if there are compelling and compassionate circumstances and the evidence has been attached.
- I have been advised to contact the Department Home Affairs as it may affect my visa status.
- I have been reminded that should a deferment not be granted; I must still attend classes at Veritas Institute Australia for 20 hours per week. Failure to do so may be seen as abandoning my studies and I may be reported to DHA.
- I have been advised of all the relevant consequences of the outcome of my request.
- I have been advised of all the relevant information in relation to the request made on this form.
- I am aware of my appeal rights.
- I have been advised that the time for processing of the application is 10 working days.

|                          |  |             |  |
|--------------------------|--|-------------|--|
| <b>Student Signature</b> |  | <b>Date</b> |  |
|--------------------------|--|-------------|--|



| For Office Use Only                             |   |  |      |  |
|---|---|--|------|--|
| Request Received By                             | Signature   |  | Date |  |
| Finance Approval                                | Signature   |  | Date |  |
| Decision of Request (please tick)               | <input type="checkbox"/> Granted <input type="checkbox"/> Not Granted |  |      |  |
| Decision granted/not granted by                 | Signature   |  | Date |  |
| Course adjustment required (Please write below) |   |  |      |  |
|   |   |  |      |  |