

## Deferral, Suspension or cancellation/withdrawal of Enrolment

APPLICATION FORM			
Student ID No.		Date:	
Given Name			
Surname			
Course Name			
Course ID			
Period of deferral:	I, _____ would like to defer /suspend /cancel my current studies from ____/____/____ to ____/____/____ due to the following reason/s: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		

**\*Please provide all supporting documents for the granting and recording of your Deferral, Suspension or Cancellation of Enrolment upon application.**

Student Signature:		Date	/ /
Administration Signature:		Date	/ /
Approved by: Course Coordinator / Training Manager / CEO:			
Signature		Date	/ /