

Deferral, Suspension or cancellation/withdrawal of Enrolment

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

***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 | / / |