

Deferment and Allowable Suspension of Studies Application Form

Student Details

Name		Student ID	
Contact Phone			
Course/Group			
Expected length of Absence	(weeks)		
Your Reason(s) for Deferment or Allowable Suspension			
Details & Evidence <i>(Please provide as much details as possible)</i> Note: Relevant evidence is required: Attach any supporting documents with this form to support your application.			
Student Declaration and Signature	<i>All reasons given above are accurate and true. I also recognize my course progress obligations according to the Department of home Affairs</i>		
			Date:

ADMIN use only

Received by		Date:
Valid Evidence Sighted and/or Collected		
Decision	<input type="checkbox"/> Deferral Granted	From to
	<input type="checkbox"/> Deferral Not Granted	Reason:
	<input type="checkbox"/> Suspension Granted	From to
	<input type="checkbox"/> Suspension Not Granted	Reason:
If granted, Likely Impact on Course Duration		
Signature		Date:
Follow-up Action	If granted, forward the signed form to Student Admissions Officer for update of student's COE and course duration. If declined, advise the student of the outcome in writing.	