

Please print in BLOCK LETTERS

The College will only defer your enrolment on the grounds of compassionate or compelling circumstances (for example, severe illness for which there is a doctor's certificate). Deferral may impact the duration of your Confirmation of Enrolment and/or require the issuance of a new CoE. In such cases the College will notify the relevant Australian Government Department and this may also affect your student visa. You may also be liable for your tuition fees for the current study period except in special circumstances. For further information refer to the Refund Policy – see ACAP website <http://www.acap.edu.au/current-students/managing-my-course/a-z-policies/>

1. Student details

Student Number:
Date of birth (DD/MM/YYYY):
Given name(s):
Family name:
Contact number:
Email:
Australian home address:
Course enrolled:

2. Period of deferral

Dates (DD/MM/YYYY):	to
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OR

Trimester:	Year :
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3. Reasons for requesting deferral or suspension

4. List of documentary evidence attached

1:
2:
3:
4:

5. Student declaration and signature

I declare that I understand that deferring or suspending my enrolment may affect my student visa. I declare that the information I have provided on this application is correct. I understand that if I knowingly make any false or misleading statements I may be liable for disciplinary action.

Applicant's signature:
Date (DD/MM/YYYY)

OFFICE USE ONLY
Date received ____/____/____ (DD/MM/YYYY)
Received by:

This form may be lodged by email, by post, in person at any ACAP campus

Email: international@acap.edu.au

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Sydney NSW 2000

Melbourne
Level 10, 123 Lonsdale Street
Melbourne VIC 3000

Brisbane
Ground Floor, East Tower
410 Ann Street
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