

This form is to be completed by international students who wish to **Defer** or **Suspend** their studies. Deferral or suspension of studies will be granted in compassionate or compelling circumstances as per Everest Institute of Education (Ei)'s Deferral, Suspension and Cancellation Policy. **Students are required to provide documentary evidence of such circumstances.** Your visa may be affected by your application to **Defer** so you should contact Department of Home Affairs on 131881 or at <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500> to discuss any visa implications.

<b>Student Name:</b>		<b>Date of Birth:</b>	
<b>Student ID:</b>		<b>Date of Application:</b>	
<b>Course Code &amp; Course Name:</b>			

I wish to apply for a **Deferment** or **Suspension** from the course I am enrolled in with Ei due to the following reason:

Compassionate or Compelling circumstances - Please Tick one box below for reasons: -

- Serious illness or injury (medical certificate states that the student is unable to attend classes)
- Bereavement of close family members (death certificate attached)
- A traumatic experience (medical certificate attached)
- Other - (please attach additional pages if required) or write below in the box provided:

I wish to **Defer** or **Suspend** my enrolment from \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

**CONTACT DETAILS:**

<b>Residential Address:</b>			
<b>Suburb:</b>		<b>Postcode:</b>	
<b>Email:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	

In signing this form, you agree:

- That the information provided is true and complete and I have attached all required supporting documents.
- That I accept that any changes to the course fees due to deferment or suspension resulting in commencement of studies in a new study intake will result in increased fees for the course. I accept this may result in the duration of the deferred course may increase which may have impact on my student visa conditions.
- That I understand the implications of my student visa due to deferment or suspension.

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please return this form to our office at the details below. We will advise you of the outcome of your application.

**Everest Institute of Education**  
**479 King Street, West Melbourne, VIC 3003 Australia**  
**Tel: 03 8393 6550 Email: [enquiries@everest.edu.au](mailto:enquiries@everest.edu.au)**

**OFFICE USE ONLY**

Circle - **Approved / Not Approved** By \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(CEO/Manager Signature) (Date)

Course Duration & Timetable affected: - **No / Yes,** If Yes Timetable revised **Yes / No**

Course Fees affected: - **No / Yes,** If Yes Difference in Fees Amount \$ \_\_\_\_\_

Updated on PRISMS **Yes / No** Date Updated \_\_\_/\_\_\_/\_\_\_

Updated by \_\_\_\_\_

Updated on Student Management System **Yes / No** Date Update \_\_\_/\_\_\_/\_\_\_

Entered by \_\_\_\_\_

Student Informed of the Outcome **Yes / No** Informed by \_\_\_\_\_

Documentation Filed in Student File **Yes / No** Filed by \_\_\_\_\_