

Application for Deferral or Suspension Form (International Students)

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.

Student Name:		Date of Birth:	
Student ID:		Date of Application:	
Course Code & Course Name:			

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:

Residential Address:			
Suburb:		Postcode:	
Email:			
Telephone:		Mobile:	

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

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**

Updated on Student Management System **Yes / No**

Student Informed of the Outcome **Yes / No**

Documentation Filed in Student File **Yes / No**