

STUDENT REQUEST TO DEFER/SUSPEND

Application fee for course deferment/suspension may apply according to **Alliance College Fees and Charges** information available on official website.

You will be notified about the outcome of your request for Deferment within 10 working days from the date Alliance College receives your application.

Course deferment/suspension can only be requested and granted twice. After the second time where the deferment/suspension is granted, the student can only apply for course withdrawal and re-enroll the course if needed.

Personal Details	
Alliance College Student ID:	Date of Birth:
Family Name:	Given Names:
Student Visa (please tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Postal Address:	
Contact Phone Numbers (day):	Email Address:
Course Information	
Course Name:	
Course Start Date: ____ / ____ /20 ____	
Course Finish Date: ____ / ____ /20 ____	
Visa Status:	
Overseas Student Health Cover Expiry Date:	
Proposed date the deferral/suspension shall be effective:	
Proposed recommencement date:	
Outline your reasons for deferral/suspension and attach supporting evidence (E.g. Visa refusal letter; doctor certificate; flight ticket):	

Declaration

- I have read and understand the refunds policy on my letter of offer.
- I certify that all information on this form, including supporting documentation and evidence, is correct.
- I understand this application will be considered in accordance with Alliance College Deferment, Suspension and Cancellation Policy.
- I understand that I am allowed to request leave from my enrolment for a maximum period of up to 6 months from the date of the request for deferral/suspension of studies with Alliance College.
- I have attached all relevant supporting documents; I understand that Alliance College can only make a decision based on the reasons stated herein and the supporting evidence provided.
- If my circumstances change and I do not return on the agreed recommencement date I shall notify Alliance College as early as possible, endeavoring to provide at least 28 days' notice.
- I understand that failure to return on the recommencement date without prior notification may lead to the cancellation of my enrolment.

Signature: _____ Date: ____ / ____ /20____

Are you under 18 years old? Yes No

If yes, your parent or guardian must sign below:

Parent/Guardian Name: _____

Signature: _____ Date: ____ / ____ /20____

Application forms not signed by the student and where applicable Parent/Guardian will not be accepted.

OFFICE USE ONLY

REQUEST GRANTED

REQUEST DECLINED

Additional Comments: _____

Student Notified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trainer Notified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Student Support Notified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Letter of Offer Updated (if applicable)	By:	Date:
Payment Plan Updated (if applicable)	By:	Date:
PRISMS Updated	By:	Date:
VETtrak Updated (if applicable)	By:	Date:
Student Portal/Other Database Updated (if applicable)	By:	Date: