

APPLICATION TO DEFER/SUSPEND STUDIES

To be completed if you need to defer the start of your course or require time off from your studies.

Learner Details			
Given Name		Surname	
Address			
Phone		Mobile	
Email		USI Number	
Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

Course Details	
Course Code	
Course Title	
Commencement Date	____ / ____ / ____ dd mm yyyy
Last day to Attend Class (Suspension only)	____ / ____ / ____ dd mm yyyy
Deferral/Suspension Period	From ____ / ____ / ____ To ____ / ____ / ____ dd mm yyyy dd mm yyyy
Select one of the following options	<input type="checkbox"/> Defer Start Date of Course <input type="checkbox"/> Suspend Studies (Does not suspend any payment plans)
Reason for Deferral or Suspension	

List Attached Evidence to Support Reason

Examples include: Airline Tickets, Medical Certificate, Copy of letter from DOHA

I hereby acknowledge that I have been provided with International College of Queensland's Deferral and Suspension Policy and the information provided in this form is true and correct.

Student Name			
Student Signature		Date	

OFFICE USE ONLY

Received by		Date	
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sent to Acct	<input type="checkbox"/> Yes <input type="checkbox"/> No