

This form is to be completed by all students who wish to defer/suspend their studies.

Name:					
Date of Birth:					
Student ID:					
Email:					
Contact number:					
Address:					
Deferment/Suspension during which course					
Type of request ☐ Deferment	[	$\square$ Suspension			
Reason for defermen	t or suspe	ension:			
Dates/Duration of defe	erment:				
From:		. • .			_
☐ Next intake:	☐ Weel		ıs		
Student Declaration:					<i>(</i> 1)
By typing my name in the on this form is true and o					-
approve my application f					
DHA regarding any visa c	hanges that	t may occur here	eafter.	Do you agree?	
☐ Yes ☐ No					
Date:		Signature:			
03 7032 8877		S CENTRE, 25/797		pg. 1	
info@iifs.vic.edu.au	Rd, Sou	th Morang, VIC 375	52	Approved By: CEO	
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Office	Use	Only
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Received and checked by	Name:		Date:		
Fees up to date	☐ Yes	☐ Yes		□ No	
If No, add comments:					
Evidence provided	☐ Yes	☐ Yes		□ No	
Deferment/Suspension start date		Deferment end date		t/Suspension	
COE end date affected	☐ Yes	☐ Yes		□ No	
New COE end date (if ap	olicable)				
Future COE dates affecte	d? ☐ Yes			□ No	
Future COE course Future COE (new) start da		ate	Future COE (new) end date		
Processing staff:		Signature	e:		
Authorised Management	Approval:				
Designation:			Name:		
Signature:		Date:	Date:		
Decision of Request:	☐ Granted	☐ Granted		☐ Not Granted	
PRISMS Processed:	☐ Yes			□ No	
CoE duration adjusted:	☐ Yes			☐ Not Applicable	
Student informed:	☐ Yes			□ No	
Student File Checklist for Deferment Suspension:	<ul> <li>□ Evidence of "Notification given to student" has been attached in the file</li> <li>□ New CoE attached in the file</li> <li>□ Documentary Evidence including this form and supporting documents have been kept in file</li> </ul>				
documents have been kept in the					

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