

Deferral, Suspension and Cancellation Form

The Application will be assessed within the framework of our Deferral, Suspension and Cancellation Policy

SECTION 1 – STUDENT INFORMATION – TO BE COMPLETED BY THE STUDENT

Student Number	Course Name		
Family Name	Course Number		
First Given Name	Address		
Other Given Name	Phone number		
Date of Birth			
SECTION 2 – CHANGE DETAILS AT STUDENT'S REQUEST			
DEFER			
I wish to defer my course to another course date. I unders availability and will only be granted if compassionate and			
Defer to Date			
Deferral Reason			
Signature	Date		
SUSPEND			
I wish to suspend my studies at ASA. I understand that a leave of absence will normally only be granted			
for a maximum of two quadmesters and only granted in c			
Suspend to Date			
Suspension Reason			

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lment in this course. Suspension

 Failure to pay an amount required to pay to continue the A breach of course progress or attendance requirement 	
Suspend to Date	
Suspension Reason	
Signature	Date
CANCEL	
The ASA Institute of Higher Education wishes to cancel the student's enr	olment in this course.
Cancellation Date	
Cancellation Reason	
Signature	Date
SECTION 4 – AUTHORISATION	
Has finance cleared this request?	es No

Has the change request been approved by the Principal?	Yes	No
Date processed		
Name		
Position		
Signature		
SECTION 5 – ADMIN USE ONLY		
Has the system (MESHED) been updated?	Yes	No
Has the formal letter been sent?	Yes	No
Sent date		
Sent by		
Position		
Signature		