



APPLICATION FOR DEFERMENT / SUSPENSION/CANCELLATION/WITHDRAWAL

STUDENT'S PERSONAL DETAILS:			
Full Name:			
Date of Birth			
Course code and Name:			
Address:			
Phone No:			
Email:		Mobile:	
Please tick the reason for request:			
<input type="checkbox"/> Medical Grounds <input type="checkbox"/> Exceptional Reasons <input type="checkbox"/> Change of mind <input type="checkbox"/> Other			
Please mention the reason in detail			

Note: International students must state the reason and provide documentation for deferring their studies as PCA needs to notify this information to the Department of Home Affairs via PRISMS.			
Documents attached			
<input type="checkbox"/> Medical Certificate <input type="checkbox"/> Travel Documents <input type="checkbox"/> Mails <input type="checkbox"/> Supporting certificates			
Please tick what is being requested?			
<input type="checkbox"/> Deferment Date from: _____ To Date: _____			
<input type="checkbox"/> Suspension Date from: _____ To Date: _____			
<input type="checkbox"/> Cancellation/withdrawal Date effective from _____			
<ul style="list-style-type: none"> Please note that in case of International Students, the institute will grant a deferral of your commencement or temporary suspension of your studies only if there are compelling and compassionate circumstances and the evidence has been attached and students are advised to contact the Department of Home Affairs as it may affect your visa status. I have been advised of all the relevant consequences of the outcome of my request. I have been advised of all the relevant information in relation to the request made on this form. I am aware of my appeal rights. I have been advised that the time for processing of the application is 10 working days. 			
Student Signature:	Date:		



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OFFICE USE ONLY:				
Finance Approval	Signature		Date	
Request received	Signature		Date	
Decision of Request (please tick)	<input type="checkbox"/> Granted		<input type="checkbox"/> Not Granted	
Decision granted by: _____	Signature		Date	