



Application for Deferment, Cancellation, or Withdrawal

Personal details							
Family Name:				Student #:			
Given Name:				Phone:			
Email:				DOB:			
Course code:				Course title:			
Please select the option for not continuing the course							
<input type="checkbox"/> Deferment				Proposed date from:			
				To:			
<input type="checkbox"/> Cancellation of COE				Proposed date effective:			
<input type="checkbox"/> Withdrawal				Proposed date effective:			
Deferment / Cancellation of COE / Withdrawal Fee:						\$400.00	
Reasons for not continuing (attach relevant documents)							
Student sign:				Date:			
Authorisation (Office use only)							
Approved By office		<input type="checkbox"/> Yes <input type="checkbox"/> No		Sign:		Position:	
Reasons (If Applicable):							
Invoice Sent:		<input type="checkbox"/> Yes <input type="checkbox"/> No		Date:			
Approved by Finance		<input type="checkbox"/> Yes		Name:		Date:	
Task Processed		<input type="checkbox"/> Yes		Name:		Date:	
Letter supplied to student		<input type="checkbox"/> Yes <input type="checkbox"/> No		Sign:			
Wisenet Updated		<input type="checkbox"/> Yes <input type="checkbox"/> No		Prisms Updated		<input type="checkbox"/> Yes <input type="checkbox"/> No	