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			
☐ **Deferment**	**Proposed date from:**		**To:**
☐ **Cancellation of COE**	**Proposed date effective:**		
☐ **Withdrawal**	**Proposed date effective:**		
Deferment / Cancellation of COE / Withdrawal Fee:			

Reasons for not continuing (attach relevant documents)			
Student sign:		**Date:**	

Authorisation (*Office use only*)					
Approved By office	☐ **Yes** ☐ **No**	**Sign:**		**Position:**	
Reasons (If Applicable):					
Invoice Sent:	☐ **Yes** ☐ **No**	**Date:**			
Approved by Finance	☐ **Yes**	**Name:**		**Date:**	
Task Processed	☐ **Yes**	**Name:**		**Date:**	
Letter supplied to student	☐ **Yes** ☐ **No**	**Sign:**			
Meshed Updated	☐ **Yes** ☐ **No**	**Prisms Updated**	☐ **Yes** ☐ **No**		