

## International Students

Document No. : SC34.1

This form is to be completed by international students who wish to **Defer** or **Suspend** their studies. Deferral or suspension of studies will be granted in compassionate or compelling circumstances as per Everest Institute of Education (Ei)'s Deferral, Suspension and Cancellation Policy. **Students are required to provide documentary evidence of such circumstances.** Your visa may be affected by your application to **Defer** so you should contact Department of Home Affairs on 131881 or at <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing/student-500> to discuss any visa implications.

### Student details

Student Name:	Student ID:
Date of Application:        /        /	Date of Birth:
Course Code & Name :	

I wish to apply for a **Deferment** or **Suspension** from the course I am enrolled in with Ei due to the following reason:

- Compassionate or Compelling circumstances - Please Tick one box below for reasons :-
- Serious illness or injury (medical certificate states that the student is unable to attend classes)
  - Bereavement of close family members (death certificate attached)
  - A traumatic experience (medical certificate attached)
- Others - (please attach additional pages if required) or write below in the box provided:

I wish to <b>Defer</b> or <b>Suspend</b> my enrolment from :- From ___/___/___ To ___/___/___	
Address while on deferment or suspension :	
Ph:	Mobile:
Email:	

In signing this form you agree:

- That the information provided is true and complete and I have attached all required supporting documents.
- That I accept that any changes to the course fees due to deferment or suspension resulting in commencement of studies in a new study intake will result in increased fees for the course. I accept this may result in the duration of the deferred course may increase which may have impact on my student visa conditions.
- That I understand the implications of my student visa due to deferment or suspension.

Student Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Please return this form to our office at the details below. We will advise you of the outcome of your application.

**Everest Institute of Education**  
479 King Street, West Melbourne, VIC 3003 Australia  
Tel: 03 8393 6550 Email: [enquiries@everest.edu.au](mailto:enquiries@everest.edu.au)

**OFFICE USE ONLY**

Circle - **Approved / Not Approved** By \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
(CEO Signature) (Date)

Course Duration & Timetable affected :- **No / Yes** , If Yes Timetable revised **Yes / No**

Course Fees affected :- **No / Yes** , If Yes Difference in Fees Amount \$ \_\_\_\_\_

Updated on PRISMS **Yes / No** Date Updated \_\_\_\_/\_\_\_\_/\_\_\_\_

Updated by \_\_\_\_\_

Updated on Student Management System **Yes / No** Date Update \_\_\_\_/\_\_\_\_/\_\_\_\_

Entered by \_\_\_\_\_

Student Informed of the Outcome **Yes / No** Informed by \_\_\_\_\_

Documentation Filed in Student File **Yes / No** Filed by \_\_\_\_\_