

Application to Defer or Suspend Enrolment

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections. Student ID: **Student Name:** Phone: Email: **Course Name:** Address: **Student Deferment / Suspension Request** I (Print Name) _____Student Number _____ am enrolled at Melbourne Metro College and wish to apply to defer/suspend my studies in my course(s) stated below (List all courses you wish to defer/suspend from) I commenced my studies / was scheduled to commence my studies on I wish to defer/suspend my studies from ____ weeks. My recommencement date will be on Student Reason for Deferring / Suspending Enrolment (Please detail your reason(s) for wishing to defer/suspend from your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary)

T: 03 99997401



Document Checklist			
☐ Medical Certificate			
☐ Airline Ticket			
☐ Letter from Student			
☐ Other Documentation (Please specify):			
By signing this document, you are indicating that you are aware of Melbourne Metro College's Student			
Deferment, Suspension and Cancellation Policy and terms and conditions stipulated in your Offer Letter			
and Student Acceptance Agreement.			
I (Print Name) decla	re that all information and supporting		
documentation	Te that an imormation and supporting		
accamentation			
provided by me is true and correct.			
Student Signature:Dat	e:		
Please note: If you are on a student visa and your deferment / suspension request is approved,			
government legislation requires Melbourne Metro College to inform the Department of Home Affairs of			
the deferment / suspension. This may affect your student visa.			
Office use only			
Payment received Yes	No		





W: <u>www.melmc.edu.au</u> Level 5, 440 Elizabeth Street, Melbourne VIC 3000 T: 03 99997401

Application	APPROVED	REJECTED	
Action Taken By	Name:	Signature:	Date:
Comments:			

