



## AREA OF SERVICE-DEFERAL, SUSPENSION OR CANCELLATION OF ENROLMENT

### APPLICATION FORM

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Course: \_\_\_\_\_

Period of Deferral: \_\_\_\_\_

I, \_\_\_\_\_ would like to defer /suspend /cancel  
my current studies from \_\_\_\_\_ (to) \_\_\_\_\_ due to the following reason/s

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\*Please provide all supporting documents for the granting and recording of your Deferral, Suspension or Cancellation of Enrolment upon application

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Administration Signature \_\_\_\_\_