



# STUDENT COURSE DEFERMENT REQUEST FORM (NEW STUDENTS)

USE BLOCK LETTERS WHEN COMPLETING THIS FORM  
AND PLEASE KEEP A COPY

## INFORMATION FOR STUDENTS

Please read the information below before completing the form.

### GENERAL INFORMATION

1. Course deferment can only be approved on the grounds of illness, injury or compelling personal reasons and for a maximum of one semester. Extensions beyond this time period are only granted in exceptional circumstances.
2. Students should complete this form and return it to Admissions along with any relevant supporting evidence.

### INTERNATIONAL STUDENTS

Please note: Deferring, suspending or discontinuing from an enrolment may affect the student visa granted. The Institute will notify the Department of Education and Training via PRISMS as required under the ESOS Act 2000.

1. To comply with visa conditions, international students must:
  - a. maintain a valid visa
  - b. complete their course by the expected completion date as specified on the eCoE
  - c. provide the Institute with address details within seven days of arrival or address change
  - d. maintain a full-time study load
  - e. not exceed the maximum number of hours allowed to work on the student visa
  - f. maintain Overseas Student Health Cover or equivalent
2. Refer to the International Student Deferment, Suspension and Cancellation of Study Policy and associated Procedure for further information.

**Privacy:** We recommend that you read the AIH's Management of Personal Information Policy and associated Procedure published on our website [www.aih.nsw.edu.au]

Return this form to:  
Australian Institute of Higher Education P/L  
Level 3, 545 Kent St, Sydney NSW 2000  
Phone +(612) 9020 8050, Fax +(612) 8004 9286  
Email: [admissions@aih.nsw.edu.au]

## PERSONAL DETAILS

<b>Title:</b> Mr      Ms      Other (please specify)	
<b>Family name:</b>	
<b>First name(s):</b>	Male Female
<b>Date of birth (dd/mm/yy):</b>	
<b>Student ID:</b>	
<b>Phone (home/mobile):</b>	
<b>Email:</b>	
<b>Full address:</b>	
<b>City:</b>	<b>Post code:</b>
<b>State:</b>	<b>Country:</b>
<b>Undergraduate courses</b>  Diploma of Business Information Systems  Associate Degree of Business Information Systems  Bachelor of Business Information Systems  Bachelor of Accounting  Bachelor of Business	
<b>DEFERRAL DETAILS</b>	
<b>Reason for deferral (please tick)</b> Medical                      Overseas                      Other (please state below)	
<b>I wish to defer my studies from date:</b>	
<b>Returning in study period:</b> 1      2      3                      of the year:	
<b>Evidence provided (please state below)</b>	



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## STUDENT DECLARATION

I declare that the information provided by me is accurate and complete. By signing this form, I declare that I understand the conditions stated on this form and as specified in the International Student Deferment, Suspension and Cancellation of Study Policy and associated Procedure.

Signature:

Date:

## OFFICE USE ONLY

Received by:

Received date:

Diary Note made in Student Management System

## TO BE COMPLETED BY THE AUTHORISED REPRESENTATIVES

Accounts Reviewed By:

Date:

Financial

Comments:

Academic Reviewed By:

Date:

Approved

Declined

Comments:

Marketing Reviewed By:

Date:

Approved

Declined

Comments:

Admissions Update By:

Date:

CoE Updated

Student Management System Updated

Signed Form uploaded into Student Management System

Student Notified

Comments: