



F.18V02 Deferment Request Form

Student Name:

Student ID: Date of Birth:

Course:

Address:

Requested deferment to take effect from:

Start Date: End Date:

Please refer to the relevant Deferment, Suspension and Cancellation Policy and Refund Policy

Reason for Deferment:

- Medical Grounds Exceptional Reason

Please provide the reason for your deferment request:

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International students must state the reason, and provide documentation for deferring their studies as BARKLY INTERNATIONAL COLLEGE needs to report this information to the Department of Immigration and Citizenship (DIAC).

Supporting Documentation Attached (original or certified copy):

- Medical Certificate Mails Travel Tickets Supporting Documentation

Even though BARKLY INTERNATIONAL COLLEGE may approve your application for Deferment of Studies, DIAC may not do so. You are advised to contact DIAC regarding any visa changes thereafter.

Student Signature: Date:

OFFICE USE ONLY	
RECEIVED BY: _____	DATE: _____
DECISION ON REQUEST: _____	
DEFERMENT GRANTED BY: _____	DATE: _____