

Application Form - Deferment and Suspension

The College of Business Management Pty Ltd t/a The College of Business Management (hereby referred to as CBM)

Student's Personal Details								
Full Name:								
Student ID:								
Course Code & Name:								
Address: Post Code:								
Phone no:								
Email ID:								
Request for: (Please tick	the foll	owing)						
• Deferment	From:		Till:		Last day of study: (If have any)			
• Suspension	From:		Till:		Last day of study: (If have any)			
Please tick the reason for the request.								
□ Medical Grounds □ Compelling/compassionate Reasons □ Future intake Date □ Visa Cancellation □ Others; Please specify								
Please mention the reason in detail:								
		_		_				
International students mus CBM <i>is</i> required to notify t						spending their studies as		



□ Medical Certificate □ Travel Doc	cuments □ Mails □	Supporting Certificates	☐ Copy of visa cancellation					
□ Others; please specify								
Points to be noted:								
The application for deferment or	suspension will be ac	cessed after all the supp	orting documents and evidence					
has been provided.								
Please note that the Academy will grant a deferral or suspension of your studies only if there are compelling and								
compassionate circumstances and evidence for the same has been provided.								
• Students are advised to seek advice from the Department of Home Affairs on the potential impact on their student visa due to deferment, suspension or cancellation.								
• In case where deferment or suspension has not been granted, students are required to attend their classes at								
CBM as per their course schedul		ay be seen as abandonin	ng studies and students may be					
reported to the Department of Ho • Students have the right to appeal		laints and anneals nroce	ss in accordance with standard					
10 (Complaints and Appeals) of the								
cancellation will not take effect u	ıntil the internal appe	als process is completed						
health or well-being, or the well-b			1 1 1 1 1 1 1 1					
Please note: Students are advised to result in visa cancellation and could p		_	s abandoning their studies may					
result in visa cancenation and coura p		Trastrana.						
Student's Declaration:								
I understand that suspension or defe	rral may result in an ex	xtension of my course du	ration.					
☐ I have been advised of all the relevant consequences of the outcome of my request.								
☐ I have been advised of all the releva	ant information in rela	tion to the request made	e on this form.					
☐ I am aware of my right to appeal.								
Student Signature:	Date							

Documents attached:



OFFICE USE ONLY:								
Authorised person approval	Name							
	Signature		Date:					
Decision of Request		nted Granted						
Course Adjustment (If required):								