

# Deferment Request Form

Student ID:  Surname:  Given Name(s):

Date of Birth:  Contact Number:  Email:

Current Course:

## Requested Deferment Period:

From Date:  To Date:  No. of weeks:

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

Reason for Deferment	Is Supporting Evidence Attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/> Medical Grounds <input type="checkbox"/> Exceptional Reason	Type of evidence:	<input type="checkbox"/> Flight Itinerary <input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Medical Certificate

Please provide details of the reason for which you are requesting a deferment:

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International students must state the reason, and provide documentation for deferring their studies as Milestones International College needs to report this information to the DHA. Although Milestones International College may approve your application for Deferment of Studies, the DHA may choose not to do so. You are advised to contact the DHA regarding any visa changes thereafter.

Student Signature:  Date:

## Office Use Only

Received By:  Signed:  Date Received:

Deferral Granted:  Yes  No → Why?

Is the end date of the enrolment affected by this decision?  No  Yes → New End Date:

SMS Updated  YES Updated by:  Date Updated:

PRISMS Updated  YES Updated by:  Date Updated:

Admin file Updated?  YES Updated by:  Date Updated:

Trainer Notified?  YES Method of Notification:  Date Notified:

Student Notified?  YES Method Of Notification:  Date Notified:

Processed By:  Signed:  Date Processed: