

## APPLICATION FOR DEFERMENT/SUSPENSION/CANCELLATION/WITHDRAWAL

## Student's Personal Details:

Full Name						
Date of Birth						
Course Code & Name		*				
Address					/	
Contact Number		Ť.				
Email Address		xix				
Please tick the reason for re	equest:	·				
Medical grounds	ceptional r <mark>eas</mark> ons (	Change of mind	Other			
Please mention the reason in detail:						
Note: International students must state the Department of Home Affairs. Documents attached	e reason and provide docum	entation for deferring their s	studies as Riverdale Instit	ute needs i	to give this informe	ation to the
	avel documents	Letters/emails	Supporting co	ertificates	6	
Please tick the reason for re	equest:					
	•	_ To date:				
Suspension Date from:		_ To date:				
Cancellation/withdrawal date e	effective from:	E.K.L				
<ul> <li>Please note that in case of intern only if there are compelling and Department of Home Affairs as it</li> <li>I have been advised of all the rel</li> <li>I have been advised of all the rel</li> <li>I am aware of my appeal rights.</li> <li>I have been advised that the tim</li> </ul>	compassionate circumst may affect your visa sta evant consequences of n evant information in relat	ances and the evidence tus. ny request. cion to the request made	e has been attached. : e on this form.			
Student signature:		Date				
Office Use Only:						
Request Received	Signature:			Date:		
Finance Appproval	Signature:			Date:		
Decision of Request (please tick)	Granted			O Not-	-Granted	
Processed By	Signature:			Date:		
~			O Le	vel 1, 120	Miller Street, V	Vest Melbourne, VIC 300

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