



DEFERMENT OF STUDIES APPLICATION FORM

Applicant's Details

Title: Mr Mrs Ms Miss Dr

Student Number:

Date of Birth / /

Family Name: _____

Given Names: _____

Phone Number: _____

Email: _____

Future Mailing Address: _____

Post Code: _____

Requested Deferment to Take Effect From

1. This form must be submitted with supporting documentation and a detailed description of valid reasons for this request.
2. The maximum time allowed to defer commencement or to suspend candidature is two (2) semesters.
3. TOP Education Institute is obliged to report this information to the Department of Immigration and Border Protection (DIBP)

Semester 1

Semester 2

Semester 3

Grounds For Deferment

Medical grounds

Exceptional circumstances

Please provide the reasons for your requested Deferment of Studies:

Supporting Documentation Attached (*Original or Certified Copy*)

Although TOP Education Institute may approve your application for a Deferment of Studies, DIBP may not accept the reasons provided and may proceed to cancel your visa as well as impose a three (3) year ban on further applications for student visas. Information concerning the suspension will be conveyed to DIBP who are likely to make enquiries concerning the reasons for deferment and are able to check and verify records to determine whether the student has left Australia. It is strongly advised that you contact the Australian Embassy in your home country to check the status of your student visa before attempting to travel back to Australia.

Medical certificate

Supporting documentation

Copy of departure ticket

Applicant's signature: _____

Date: / /



Top Education Institute

Sydney City School of Business | Sydney City School of Law

Deferment of
Studies

CRICOS Provider No. 02491D
TEQSA Provider No. PRV12059

Top Office Use Only

Approved

Declined

Comments: _____

TOP Administration Manager

Name: _____

Signature: _____ Date: / /