

Deferment or Suspension Request Form

Note:

- 1) Deferment/Suspension will only be approved on the basis of compassionate and compelling circumstances and as per Deferring, Suspending, Cancelling Student Enrolment Policy and Procedure.
- 2) Students must submit the evidence/s of compassionate and compelling circumstances together with this request form to support the claim.
- 3) If the student goes overseas or is returning to their home country during this time, confirmed air ticket should also be submitted with this request form.
- 4) Deferment/Suspension may affect the course end date and future course(s) commencement date(s). This may lead you to apply for an extension of student visa to complete the course(s).
- 5) The units that you will miss during deferment are subject to availability. VTI may or may not be able to offer these units upon your return and you may need to make other arrangements to complete them.

| A. Student Details | |
|-------------------------------|-------------------------|
| Student Name: | |
| Student ID: | Date of Birth: |
| Course Code and Title: | |
| Course Start Date: | Course End Date: |

| B. Deferment or Suspension Request Details | |
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| Deferment or Suspension Start Date: | Deferment or Suspension End Date: |
| Grounds for Deferment or Suspension (tick the relevant box) <input type="checkbox"/> Medical <input type="checkbox"/> Others | |
| Please explain the reason/s for Deferment or Suspension Request: | |
| Supporting Documentation Attached (tick the relevant box/s) <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Air ticket <input type="checkbox"/> Others | |
| Student Declaration | |
| <ul style="list-style-type: none"> I declare that the information & documentation given is true and accurate and I have not wilfully suppressed any information. I give permission to VTI to verify the authenticity of my submitted supporting documents. I understand my right to access Complaints and Appeals procedure of VTI, if I am dissatisfied with the outcome of deferment or suspension request. | |
| Signature: | Date: |

| For Office Use Only | |
|---|--|
| Documents Verified | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Comments (if any): |
| Outcome of Deferment or Suspension Request | <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |
| | Comments (if any): |
| | Date of Approval: |
| | Deferment or Suspension Start Date: |
| | Deferment or Suspension End Date: |
| Details of Revised CoE (If revised) | CoE Number: Date of Revision: |
| If CoE is not revised and the student has been given Catch up classes to complete the missed units | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| SMS Updated | Date: |
| Processing Staff Details | Signature: Date: |
| Outcome communicated to the student by email with CoE | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: |