

## Deferment, Suspension, and Cancellation Form

### Student Details

**Full Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**USI Number :** \_\_\_\_\_

**Course Code and Name:** \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Request Type (Select the appropriate option):

**Deferment:** Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Suspension:** Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Cancellation:** Effective From \_\_\_\_\_

**Last day of attendance:** \_\_\_\_\_

### Reason for Request (Tick the applicable box):

Medical Reasons

Compassionate/Compelling Grounds

New Intake or Course Start Date

Work Obligations

Financial Challenges

Course Transfer

Visa Cancellation

Other (please specify): \_\_\_\_\_

**Daffodil International College PTY LTD t/a Daffodil College**

ABN: 58 657 277 426 | RTO: 45930 | CRICOS No: 04073F

T: 1300665737 | E: info@daffodil.edu.au | W: daffodil.edu.au

Address: Suite 1.01, Level 1, 175 Liverpool St Sydney NSW 2000

**Detailed Explanation for the Request:**

(Please provide specific details supporting your request):

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**Supporting Documentation (Attach relevant evidence):**

Medical Report

Travel Documentation

Email Communication

Other Supporting Documents (please specify): \_\_\_\_\_

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**Important Information for Students:**

- Requests for deferment, suspension, or cancellation are considered only when supported by valid documentation.
- International students are required to provide evidence as per DHA regulations.
- Students are advised to consult the Department of Home Affairs (DHA) regarding the potential impact of this request on their visa status.
- Daffodil College may be required to notify the DHA via PRISMS regarding any changes to enrolment.
- In cases where requests are denied, students are expected to continue their studies as per their schedule.

**Appeals Process:**

Students have the right to lodge an appeal through the Daffodil College complaints and appeals process within 20 working days. Changes will not take effect during the appeal process unless health or safety risks are identified.

**Declaration by the Student:**

I understand that this request may affect my course duration, CoE status, and visa. I acknowledge that I have been informed about the potential outcomes of my request and my rights to appeal.

I confirm that I have received all necessary advice regarding this request.

I accept responsibility for the outcomes of this decision.

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**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For Office Use Only**

**Approval Decision:**

Approved

Not Approved

**Reason for Decision (if applicable):** \_\_\_\_\_

**Approved/Reviewed by:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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