



NAFET

National Academy of Further Education & Training

APPLICATION FOR DEFERMENT / SUSPENSION OF ENROLMENT FORM

This form is to be completed if a student wishes to defer or suspend their enrolment. Students wishing to suspend their enrolment must complete and submit this form to Administration at least 10 working days before their requested suspension date. Students will be notified of the outcome in writing within 10 working days upon receipt of this application.

Student ID No.								
Given Name(s)								
Surname								
D.O.B (dd/mm/yyyy)					Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Course								
Address								
Suburb					Postcode			
Home Phone				Mobile Phone				
Email								
<p>Details of Deferment / Suspension NAFET may only enable students to defer or temporarily suspend their studies, including granting a leave of absence, during the course through formal agreement in certain limited circumstances.</p> <p>Under Standard 13.2 of The National Code of Practice 2007, a registered provider can only defer or temporarily suspend the enrolment of the student on the grounds of:</p> <p>(a) compassionate or compelling circumstances (e.g. illness where a medical certificate states that the student is unable to attend classes); or</p> <p>(b) misbehavior by the student.</p> <p>If the student seeks to defer or suspend their studies under 13.2 (a), they must supply NAFET with documentary evidence regarding their situation.</p>								
Deferment / Suspension Start:					Return:			
Reason for deferment / suspension of enrolment:								



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Declaration

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I authorise NAFET to obtain official records from any institution necessary to make an informed decision about the application of matters that concern enrolment.

I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application. I further acknowledge that this application is made in line with the required time frame.

Signature		Date	/	/
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Office Use Only

Received by Administration	Name:		Date:	/	/	
Outcome	<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved			
Reason(s) not approved (if applicable)						
Administration Executive Signature				Date:	/	/
Action Required	Actioned By	Date				
<input type="checkbox"/> Student given written notice of decision		/ /				
<input type="checkbox"/> PRISMS – eCoE variation (if applicable)		/ /				
<input type="checkbox"/> Course Co-ordinator advised		/ /				
<input type="checkbox"/> Database updated		/ /				
<input type="checkbox"/> All documents filed in student folder – Administration Department		/ /				
<input type="checkbox"/> All documents filed in student folder – Financial Department		/ /				
<input type="checkbox"/> All documents filed in student folder – Compliance Department		/ /				