



APPLICATION FOR COURSE DEFERMENT /TRANSFER OR WITHDRAWAL FORM

Student Request

| | | | |
|--|---|-------|--|
| Student Name: | | | |
| Date of birth: | | | |
| Phone number: | | | |
| Address: | | | |
| Course enrolled: | | | |
| Request Type | <input type="checkbox"/> Defer enrolment for up to 12 months <input type="checkbox"/> Transfer enrolment to an alternate course <input type="checkbox"/> Withdraw from the course and terminate enrolment | | |
| Reason for requesting course withdrawal: | | | |
| Signature: | | Date: | |

Office Use:

| | | | |
|----------------------|-----------------------------------|---------------------------------------|--|
| Name: | | | |
| Action: | <input type="checkbox"/> Approved | <input type="checkbox"/> Not approved | |
| Reason for decision: | | | |
| Signature: | | Date: | |