



# Australian Institute of Science and Technology

RTO Code: 30645 CRICOS Provider Code: 03677G

ABN: 13 103 369 151 ACN: 103 369 151

Level 2, 206-208 Liverpool Road, ASHFIELD NSW 2131 Australia

Ph: +61 2 8021 3335

[www.aist.edu.au](http://www.aist.edu.au)

[info@aist.edu.au](mailto:info@aist.edu.au)

## SA-FM-10 Deferral or Suspension Application Form

This form is to be completed in accordance with AIST's Deferral Suspension or Cancellation Policy and Procedures which can be found on AIST website <https://www.aist.edu.au/>. Your visa may be affected by your application so you should contact Department of Home Affairs to discuss any visa implications.

### Student details

Student Name:	Student ID:
Mobile:	Email:

### Details of the course you have enrolled in:

Course Code and Title:	
Expected Start Date:	Expected End Date:

**Application for Deferral** (If you have not yet started the course but wish to defer the start date of the course, please fill out the following blank spaces and then give detailed reasons in the relevant area)

I hereby apply to defer the commencement date of the above course to: ___/___/_____(dd/mm/yyyy)
---

**Application for Suspension** (If you have started the course but wish to temporarily suspend the course, please fill out the following blank spaces and then give detailed reasons in the relevant area)

I hereby apply to suspend my current course from ___/___/_____(dd/mm/yyyy) to ___/___/_____(dd/mm/yyyy)
---

### Please provide detailed reasons for deferral or suspension:

### Declaration and signature

Please sign and return this form and your supporting documents to administration via [studentservice@aist.edu.au](mailto:studentservice@aist.edu.au) or at reception on Level 2, 206-208 Liverpool Road Ashfield, NSW 2131 Australia.

I declare by signing this form that: (please tick✓ all the boxes)

- the information provided by me is true and complete
- I accept that where my deferment results in commencement of studies in a new study intake, the fees for the course may be increased and I understand the implications for my student visa
- I accept that I have to meet my payment obligations according to my payment plan even during the period of suspension of my study unless the deferral of payment is approved by AIST Chief Executive Officer
- I understand that my application may be rejected if I do not have evidence to prove that the reason for this application is due to a compassionate or compelling circumstance
- I have attached all required supporting documents.

Signature:	Date:
------------	-------