



F18 Deferment, Suspension or Cancellation Request Form

Student Details			
Given Name(s)			
Family Name			
Phone Number			
Residential Address			
Email			
Student ID			
Date of Birth			
Course Details			
Course Code and Name			
Requested Deferment, Suspension or Cancellation Date			
From:		To:	
Outline reasons/circumstances for deferment, suspension or cancellation request:			
Student Declaration:			
I declare that the information provided above is true and correct. I understand that if deferment is granted, my payment plan will not be altered or affected. I also acknowledge that even though CMI may approve my application for Deferment of Studies, Department of Home Affairs (DHA) may not do so. I have been advised to contact DHA regarding any visa changes hereafter.			
Student Signature:			Date:
Relevant Evidence Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OFFICE USE ONLY			
Received by:			
Date:			
Deferment granted:			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
Reviewer Signature:			