

Deferral, Suspension and Cancellation Form

Instructions to applicants

Please type or use BLOCK LETTERS when completing this form. Return the completed form to: Mars Institute – 5/200, Turner Street, Port Melbourne, VIC 3207. Telephone: +61 3 9645 2259 Email: info@mars.edu.au | Website: www.mars.edu.au

Request Record		Request	Student	Staff	
Record No (Student Services / Administration		Deferral			
Date:		Suspension			
Name of Student:		Cancellation			
Course Name:			Student ID:		
Mobile:					
Email Address:					
Deferral/Suspension (From Date):	Deferral/Suspension	(To Date):	Cancellation Date:		
Section 1					
Reason: (Please provide a reason below & attach any sup	oporting documentation and	refer to the policy when lod	ging request):		
Acknowledgement (Student Only)					
I am aware that should the request to grant my deferral, enrolled in any course for a period of more than 28 days www.border.gov.au. I am also aware that should my request be denied, then the www.mars.edu.au/forms-and-policies/)	, I may be required to return	to my home country unless	approved by the De	partment of Home	Affair (DOHA) or
Student			Staf	f	
Print Name:		Print Name:			
Signature: Date:		Signature:		Date:	



Deferral, Suspension and Cancellation Form

Office Use Only

Logged by:			Signature:
Comments:			
Denied	0	\circ	0
Granted	0	0	0
Action to be taken:	Deferrral	Suspension	Cancellation
Section 2			