

Signed Date

Application for Deferral Form

This form is to be completed by students who wish to defer their studies. Deferral of studies will be granted in compassionate or compelling circumstances as per AIM Institute of Health & Sciences Deferral, Suspension and Cancellation Policy and Procedure. Please refer to the Student Handbook available at www.aiminstitute.edu.au. Students are required to provide documentary evidence of such circumstances.

Your visa may be affected by your application to defer so you should contact DHA on 131881 to discuss any visa implications.

implications.							
Student details							
Student Name			Student ID				
Date of Application			Course				
I wish to defer my enrolment with AIM Institute of Health & Sciences. I wish to defer my studies for the following reason/s:							
Expected Deferment date (Is subject to approval by the AIM Institute)							
Address (while on leave	e)						
Phone Number							
Email Address							
In signing this form, you agree:							
The information provided is true and complete.							
	t that the course structured s			change.			
Student Si	gnature						



Please return this form to our office at the details below:

 $\textbf{Email} - \underline{studentservices@aiminstitute.edu.au}$

Address – 2/61 Jerrabomberra Ave, Narrabundah ACT 2604

We will advise you of the outcome of your application. If your deferral is approved, further steps will be taken in accordance with AIM Institute of Health & Sciences' Deferral, Suspension and Cancellation Policy and Procedure.

Office Use Only							
Received By							
Application Status	Approved		Rejected				
Processed By		Signature		Date: / /			
Staff Comments							