



RIVERDALE INSTITUTE

Suite 19, 2-14 Station Place, Werribee, VIC 3030
<https://www.riverdaleinstitute.edu.au>
 1800-902-480
 RTO NO: 45754 | CRICOS Provider Code: 03949M



APPLICATION FOR DEFERMENT/SUSPENSION/CANCELLATION/WITHDRAWAL

STUDENT'S PERSONAL DETAILS:

FULL NAME	
DATE OF BIRTH	
COURSE CODE & NAME	
ADDRESS	
PHONE NO.	
EMAIL	

PLEASE TICK THE REASON FOR REQUEST:

Medical grounds
 Exceptional reasons
 Chang of mind
 Other

Please mention the reason in detail:

Note: International students must state the reason and provide documentation for deferring their studies as Riverdale Institute needs to give this information to the Department of Home Affairs.

Documents attached

Medical certificate
 Travel documents
 Letters/emails
 Supporting certificates

PLEASE TICK WHAT IS BEING REQUESTED:

Deferment Date from: _____ To date: _____

Suspension Date from: _____ To date: _____

Cancellation/withdrawal date effective from: _____

- Please note that in case of international students, the institute will grant a deferral of your commencement or temporary suspension of your studies only if there are compelling and compassionate circumstances and the evidence has been attached. Students are advised to contact the Department of Home Affairs as it may affect your visa status.
- I have been advised of all the relevant consequences of my request.
- I have been advised of all the relevant information in relation to the request made on this form.
- I am aware of my appeal rights.
- I have been advised that the time for processing this application is 10 working days.

Student signature:

Date:

OFFICE USE ONLY:

FINANCE APPROVAL	SIGNATURE		DATE	
REQUEST RECEIVED	SIGNATURE		DATE	
DECISION OF REQUEST (please tick)	<input type="checkbox"/> Granted		<input type="checkbox"/> Not granted	
REQUEST RECEIVED	SIGNATURE		DATE	