

This form is to be completed by an applicant who is requesting to defer or delay the commencement of their studies at ASA Institute of Higher Education. Applicants may defer the course up to three (3) weeks prior to the commencement date indicated in their Letter of Offer (LoO).

Failure to provide true and correct supporting documentation and complete the required fields of this form may result in your application being delayed or refused.

Return completed form and supporting documentation to admissions@asahe.edu.au

Please refer to the [Deferral, Suspension and Cancellation Policy and Procedure](#). Your application will be assessed based on the timeline outlined within the procedure, (10) ten working days.

Section 1: Personal Information

Applicant Name	<input type="text"/>	Date of Birth	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>
Course	<input type="text"/>		

Section 2: Deferral Information

When were you due to begin your course?	Quarter	<input type="text"/>	Date	<input type="text"/>
When do you wish to defer your commencement until?	Quarter	<input type="text"/>	Date	<input type="text"/>

Section 3: Reason for Deferral

Please provide the reason for Leave of Absence application:

- | | |
|--|---|
| <input type="checkbox"/> Delay in receiving a Student Visa | <input type="checkbox"/> Delay in meeting conditions associated with application acceptance |
| <input type="checkbox"/> Compassionate or compelling circumstances | <input type="checkbox"/> Other – Please enter details below |

If the information provided does not fit in the above box, please attach the details in a separate document

Section 4: Supporting Documentation

Applicants are required to provide supporting documentation based on the reason for requesting deferral. Ensure the documents clearly outline why deferral is required.

Section 5: Student Declaration

- ☐ I declare that, to the best of my knowledge, the information provided in this application form and all supporting documentation is true and correct
- ☐ I understand that any incomplete information may lead to the return of my application, or I may be contacted at any time regarding my application for further information. Failure to return the require information may result in the application being refused
- ☐ I authorise ASA to make necessary enquiries in the assessment and verification of this application and to use any information supplied in this application for that purpose.
- ☐ I have read and understood the Deferral, Suspension and Cancellation Policy and Procedure

Student Signature

Date