



## **APPLICATION FOR DEFERMENT**

Important:

- You **MUST** complete and submit this form to the Admissions Officer or email the form to [admissions@imc.vic.edu.au](mailto:admissions@imc.vic.edu.au)
- You will be notified about the outcome of your request for Deferment within 3 working days from the date the Institute of Management and Computing receives your application.
- Please read the Institute of Management and Computing's Deferral, Withdrawal, and Course Extension Policy and Procedure (available on our College website) before completing this form to determine if you meet the requirements to be granted a deferment of studies.

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|                    |                                                 |
|--------------------|-------------------------------------------------|
| Student Name:      |                                                 |
| Student ID:        |                                                 |
| Course Name:       |                                                 |
| I am applying for: | <input type="checkbox"/> A deferment of studies |

Proposed date the deferment shall be effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

Proposed recommencement date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reasons for your application for Deferment (Please attach supporting documents):



## Declaration

I, \_\_\_\_\_, understand that:

- This application will be considered in accordance with the Institute of Management and Computing's Deferral, Withdrawal, and Course Extension Policy and Procedure.
- I understand the implications on my student visa should my application be successful. Furthermore, I am required to contact the Department of Home Affairs (DHA) to clarify the status of my visa if this application is successful.
- I understand this request, if approved, may be reported to PRISMS and may affect my student visa.
- I have attached all relevant supporting documents. I understand that the Institute of Management and Computing can only make a decision based on the reasons stated herein and the supporting evidence provided.
- If my circumstances change and I do not return on the agreed recommencement date, I shall notify the Institute of Management and Computing as early as possible, endeavoring to provide at least 28 days' notice.
- I understand that failure to return on the recommencement date without prior notification may lead to the cancellation of my enrollment.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Office Use Only

|                                  |                                                                         |
|----------------------------------|-------------------------------------------------------------------------|
| Received By:                     |                                                                         |
| Date:                            |                                                                         |
| Outcome:                         | <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |
| Registrar:                       |                                                                         |
| Variation lodged on PRISMS Date: |                                                                         |
| Calendar Notation made Date:     |                                                                         |

**Privacy Notice:** Information collected is used for lawful educational and compliance purposes under the Privacy Act 1988 (Cth) and the VET Data Policy. Details may be shared with government agencies (e.g., PRISMS, NCVER) as required.

## Institute of Management and Computing Pty Ltd.

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