



Advanced Education Australia Pty Ltd (AEA)  
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**Deferment/Suspension/Cancellation Form**

**Important Instructions:**

- ✓ The form is submitted to the Administration Department for approval
- ✓ Outcome will be notified to you within 10 working days from the date of receipt of complete application
- ✓ You should read the policy carefully to establish your eligibility for this form
- ✓ If you change your address during the period of suspension/deferment/cancellation please contact us to ensure your address details are updated for future correspondence
- ✓ Before your application will be considered, you must complete all the sections below and attached supporting documents, relevant to your application

Personal Details			
Surname:		Date of birth: dd/mm/yyyy	
First name:		Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Student ID No: <input style="width: 100%;" type="text"/>
Mobile No:		Email:	<input style="width: 100%;" type="text"/>
Address:	<input style="width: 100%;" type="text"/>		
Post code:	State:	<input style="width: 100%;" type="text"/>	
Course:	<input style="width: 100%;" type="text"/>		

Applying For :
Please tick the appropriate reason: <input type="checkbox"/> Deferment <input type="checkbox"/> Suspension <input type="checkbox"/> Cancellation
<input type="checkbox"/> Financial Problem <input type="checkbox"/> Family Obligations <input type="checkbox"/> Unable to cope with the course taught <input type="checkbox"/> Illness
<input type="checkbox"/> Personal Matters <input type="checkbox"/> Family Bereavement <input type="checkbox"/> Others (please specify)
Suspension Dates:                      Start Date:                      End Date:

Supporting Documentation Attached

**Student Declaration**

- I declare that the information provided above is true and complete.
- I authorize AEA to obtain official student records from any educational institution necessary to make an informed decision about the application or matters that concern enrolment.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may delay the process of my application



Student Name	Student Signature	Date:
<b>OFFICE USE ONLY</b>		
Outcome : <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Comments: (if applicable)		
Processed by: _____		
Signature: _____ Date: _____		