



Student Request to Defer/ Suspend/Cancel/ a course

Please note that all requests are **subject to approval** and subject to assessment against the Holmes Deferral, Suspension and Cancellation Policies.

Date _____ Campus _____ Student # _____

Surname _____ First Name _____

Course _____

Address _____

Mobile _____

Email _____

Please select one of the following

- I would like to **suspend** my course for a period of time
- Reasons Returning to home country (submit Airline Ticket)
 Medical reason (submit Medical Certificate)
 Other (please detail in attached letter)
- Dates From _____ To _____

- I would like to **cancel** my course
- Reasons Returning to home county permanently (submit Airline Ticket)
 Medical reason (submit Medical Certificate)
 Applying for TR (submit DIAC letter)
 Transferring to another institution
 I need a release letter (attach offer letter)
- Dates From _____ To _____

- I would like to **defer** my course to a new start date
- Reasons Visa not yet granted
 Current course not yet complete (provide current ecoe)
 Medical reason (submit Medical Certificate)
 Other (please detail in attached letter)
- Dates From _____ To _____

Have you read the Holmes Institute refund policy? Yes No
 Do you also require a refund? Yes No

All applications must include a typed explanation letter and supporting documentation. If you are Under 18, a letter from your parent/guardian must also be included.

Student Signature _____ Date _____