



UTS Insearch Student ID Number						

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## Application to Defer Enrolment (International Student)

Date of Application (DD/MM/YYYY):

Scholarship Student:  Yes  No

Census Date (DD/MM/YYYY):

If scholarship student, an authorisation is required from the Cultural Mission or sponsor when submitting this request.

Family Name:

Given Names:

Date of Birth (DD/MM/YYYY):

### Sydney Address:

Unit No:  Street No:

Street Name:

Suburb:  Postcode:

Telephone:  Mobile:

Email:

### Reason for Deferral:

**Please note:**

1. As an international student, if your application to defer is approved you may have to return overseas.
2. Be aware that deferring, suspending or cancelling your enrolment may affect your student visa.
3. Foreign government scholarship holders will also need approval from their Embassy or Cultural Mission before approval can be granted by UTS Insearch.
4. You must provide a copy of your plane ticket (when appropriate) and a copy of your current visa with this application for it to be processed.
5. If you do not provide this information you will be reported to the Department of Home Affairs as failing to meet visa requirements.
6. Approval of this application will only allow you to defer for one semester.
7. You may have to pay your next semester's tuition fee (where appropriate) prior to your departure.
8. If the address on your return to Sydney will change, please notify Student Centre of this and provide the new address and phone number as soon as possible.
9. You will be notified of the decision in writing via email.
10. You must speak to an Academic Adviser before submitting this application.
11. If you are under 18 years of age, your parent or guardian (with proof of guardianship) must also sign this form.

**Student Signature:**

**Date (DD/MM/YYYY):**

**Parent/Guardian Signature:**

**Date (DD/MM/YYYY):**

**For students under 18 years of age**  
\*Homestay hosts are not permitted to sign as parents or guardians.

**Lodging this form**

**Scan the signed form and email (preferred lodgement method) to:** studentcentre@insearch.edu.au

**In Person:** Ground Floor,  
187 Thomas Street  
Sydney NSW 2000  
Australia

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**OFFICE USE ONLY**

**Application received by:**  Student Centre

**Initials:**   **Date (DD/MM/YYYY):**

**Student under 18 years old?**  Yes  No

**Assessed by:** Student Centre, Team Leader \_\_\_\_\_

**Date (DD/MM/YYYY):**

**Application approved**  **Application rejected**

**Student notified by:**  Email  Mail  Phone  In person

**Staff name:** \_\_\_\_\_

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