

## Course Withdrawal, Defer and Amendment Form

This form is to be completed by students who wish to withdraw, defer, or amend their course enrolment.

### STUDENT INFORMATION

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Course Enrolled: \_\_\_\_\_

### TYPE OF REQUEST (Please tick the appropriate box)

- Course Withdrawal
- Course Deferral
- Course Amendment (e.g., change of course, unit, or delivery mode)

### DETAILS OF REQUEST

Please provide detailed reasons for your request:

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### SUPPORTING DOCUMENTATION

Students must attach relevant supporting documents such as medical certificates, employment letters, or personal statements. Incomplete forms or missing documentation may delay processing.

### DEFERRAL DETAILS (if applicable)

Proposed Deferral Start Date: \_\_\_\_\_  
Proposed Return Date: \_\_\_\_\_

### WITHDRAWAL DETAILS (if applicable)

Effective Withdrawal Date: \_\_\_\_\_  
Reason for Withdrawal: \_\_\_\_\_

### AMENDMENT DETAILS (if applicable)

Proposed Change: \_\_\_\_\_  
Reason for Change: \_\_\_\_\_

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### STUDENT DECLARATION

I declare that the information provided above is true and accurate. I understand that this request will be processed in accordance with Stella College's policies.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_