

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:

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: _____

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: _____
