

REQUEST FOR DEFERRAL FORM

Personal Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Student ID:
Last Name:	Preferred Name:
First Name:	Date of Birth (yyyy/mm/dd):
Street and Number:	Apartment Number:
City:	Province/State:
Country:	Postal Code:
Telephone Number (including country code & area code):	E-mail Address:

Request For	Current Term and Year	Request to Defer Term and Year
<input type="checkbox"/> Deferral (forgo any tuition refund)	<input type="checkbox"/> Fall (September)	<input type="checkbox"/> Fall (September)
<input type="checkbox"/> Withdraw & Refund (complete the Withdraw & Refund Form available in Student Services Department)	<input type="checkbox"/> Winter (January)	<input type="checkbox"/> Winter (January)
	<input type="checkbox"/> Spring (May)	<input type="checkbox"/> Spring (May)
	Year:	Year:

Program

<input type="checkbox"/> Business (GBBH)	<input type="checkbox"/> Hotel and Restaurant Management (HRHP)
<input type="checkbox"/> Human Resources Management (HUHP)	<input type="checkbox"/> Organization Management (MOHP)

Reason(s)

<input type="checkbox"/> Medical (Attached doctor certificate)	<input type="checkbox"/> Going Back Home (Present Confirmed Air Ticket)
<input type="checkbox"/> Visa Refusal (Attached Visa Refusal Letter)	<input type="checkbox"/> Delay in student loan processing (Present Bank Notification)
<input type="checkbox"/> Other (please specify):	

For Cambrian at Hanson deferral guidelines and regulations, please refer to the Deferral Policy available in Student Services Department.

Student Consent:

I hereby declare that the information on this form is true and accurate. I understand and acknowledge that by deferring my first semester at Cambrian at Hanson I forgo the right to a tuition refund in the intended semester. I hereby acknowledge that my request for deferral is subject to approval. I acknowledge that deferral approval by Cambrian at Hanson is strictly for institutional enrolment purposes, and does not supersede CIC bylaws and regulations as pertaining to the enforcement of Study Permits, Student Visas, Canada Border Services Agency (CBSA) or the *Immigration and Refugee Protection Act, 2001*. I assume any associated potential risks such as (but not limited to) delayed graduation, additional fees, violation of regulatory bodies bylaws or other internal & external consequences.

Signature of student:

Date:

Office Use Only:

Deferral Request Form Received Date:	Deferral Approved or Not Approved (reasons):
Signature:	Date:

EFFECTIVE SEPTEMBER 2015