



## DEFERRAL REQUEST FORM

### Student Information

First name:	Last name:
Student number:	Email:
Program of study:	Campus/Location:

### Program Details

Original Program Start Date:	Requested New Program Start Date:
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### Reason for Deferral (select one)

Permit or Visa Reasons  
Medical or Health Concerns  
Personal or Family Circumstances

Academic or Career Related  
Financial Reasons  
Other

### Conditions

1. Students may request to defer their program start date for up to one (1) year from the original start date.
2. Deferral requests must be submitted prior to the program start date; requests submitted afterward may be considered within ten (10) calendar days from the program start date, with valid supporting documentation.
3. Approved deferrals do not guarantee placement in a specific course, class, or instructor.
4. Tuition already paid will be applied to the deferred intake, and the original tuition rate will remain in effect.
5. Students are responsible for canceling or modifying any residence, accommodation, arrival service, or insurance.
6. International students are responsible for notifying IRCC of program changes once a new Letter of Acceptance is issued.

### Student Declaration

By signing below:

- I confirm that I have reviewed the terms and conditions stated in this document and the Greystone College *Deferral Policy*, and I agree to comply with these terms and conditions.
- I acknowledge that program availability and immigration requirements may change, and I am responsible for reviewing updated information before my new program start date.
- I understand that, if applicable, information regarding my program deferral may be shared with Immigration, Refugees and Citizenship Canada (IRCC), in accordance with relevant privacy laws.

Student signature:	Date signed:
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### Agent Declaration (if applicable)

By signing below, I confirm that I am the authorized representative of the above-named student, that I have reviewed the Student Declaration and the terms of the *Greystone College Deferral Policy* with the student, and that I have obtained their consent to request this deferral on their behalf.

Name:	Agency:
Agent signature:	Date signed:

**Please submit completed forms to the Greystone College Admissions Team**