

Form No: BF-001  
Form DEFERAL, SUSPENSION, CANCELLATION,  
Name: WITHDRAWAL OF ENROLMENT



**BARTON**  
**COLLEGE**

**AREA OF SERVICE- DEFERAL, SUSPENSION, CANCELLATION, WITHDRAWAL OF ENROLMENT**

**APPLICATION FORM**

Date:

Student Name:

Student ID :

Phone No.

Email:-

Course Code and Name:-

Period of Deferral:

I, \_\_\_\_\_ would like to defer /suspend /cancel  
my current studies from \_\_\_\_\_ (to) \_\_\_\_\_ due to the following reason/s

\*Please provide all supporting documents for the granting and recording of your Deferral, Suspension, Cancellation, Withdrawn of Enrolment upon application

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

Student Signature \_\_\_\_\_

Administration Signature \_\_\_\_\_