

DEFERRAL APPLICATION FORM

About This Form

This form is to be used when making an application to defer your enrolment into a course with us. You may defer your studies for up to 12 months. You must provide evidence of compassionate or compelling circumstances in order to defer your studies. Compassionate and compelling circumstances are personal circumstances that are involuntary and outside your control, for example, medical, family, wellbeing, or enrolment circumstances, and present you with limited or no choice. You must also provide supporting evidence with your application (e.g., a medical certificate).

Student Details

Student Name			
Student Number			
Date of Birth	Gender	Male	Female
Course			
Nationality			
Address (including street number and name, suburb or town, postcode and country)			
Postal Address (If Different)			
Phone Number/s			
Email Address			

Reason For Deferral

Please briefly describe the reason you have decided to defer your studies.

Please specify the date you would like to defer your studies to (up to a maximum of 12 months).

Student Name	
Signature	
Date	

For Office Use Only			
APPLICATION FOR DEFERRAL:	APPROVED NOT APPROVED		
Checklists:	NOTIFIED STUDENT SMS UPDATED PRISMS UPDATED		
Comments			
APPROVED / REJECTED BY:			
Staff Name:		Position:	
Signature:		Date:	