

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 (eg a medical certificate).

Please refer to the Deferral, Suspension and Cancellation Policy and Procedure on the website and the Student Handbook before completing this form.

Student details

Given name/s					
Surname					
Date of birth				Gender	☐ Male ☐ Female ☐ Other
Nationality				Student number	
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	he reason	you have d	ecided to	defer your studie	S.
Please specify the date you would like to defer your studies to (up to a maximum of 12 months).					
Name					
Signature					
Date					



OFFICE USE						
Outcome:	☐ Approved					
	☐ Not Approved					
Comments/ Reasons:						
Approval by:						
Position:						
Full Name:						
Signature:		Date:	/ /			