

Deferment Application Form

If you change your address during the period of deferment please contact your enrolling faculty to ensure your address details are updated for future correspondence

Student Name: _____

Student ID: _____ Date of Birth: _____

Address: _____

Contact No. _____ Email: _____

Deferment Start Date: _____ End Date: _____

Reason for Deferment: (Please provide all the necessary documentation)

- serious illness or injury, where a medical certificate states that the student was unable to attend classes;
- pregnancy proven by medical certificate;
- bereavement of close family members such as parents or grandparents (death certificates must be provided);
- a traumatic experience, such as involvement in or witnessing of a serious accident or witnessing or being the victim of a serious crime, which has impacted on the student (these cases should be supported by police or psychologists' reports);
- inability to begin studying on the course commencement date due to delay in receiving a student visa,
- family circumstances requiring the student's presence if sufficiently supported by evidence

Details: _____

FOR OFFICIAL USE ONLY	
Request received by:	Date:
Trainer/ Assessor Approval:	Date:
CEO Approval:	Date:
Decision on request (Deferral – Granted/ not Granted)	