

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:

Course Code & Title:.....

Deferment Start Date:..... Deferment 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:

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