

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

GIVEN NAME/S			
SURNAME			
DATE OF BIRTH	/ /	GENDER	☐ Male ☐ Female ☐ Other
NATIONALITY		STUDENT NUMBER	
ADDRESS <i>(including street number and name, suburb or town, postcode and country)</i>			
POSTAL ADDRESS <i>(if different)</i>			
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).

NAME

SIGNATURE

DATE