CRICOS Provider Code: 03835K | RTO Code: 45592

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					10
Given name/s		2.4			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Surname	A	6			
Date of birth	1	4	al Alexander	Gender	☐ Male ☐ Female ☐ Other
Nationality	/ /	1		Student number	
Address including street number and name, suburb or town, postcode and country		W.		H	
Postal address (if different)					XX
Phone number/s			reuit i	a Excellen	
Email address					
Reason for deferral					
Please briefly describe t	he reason	you have o	decided to	defer your studie	PS.
Please specify the date	you would	d like to defe	er your stud	dies to (up to a m	naximum of 12 months).
Name					

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Signature	
Date	



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