

**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: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

|   |       |
|---|-------|
| Request received by:                                  | Date: |
| Trainer/ Assessor Approval:                           | Date: |
| CEO Approval:   | Date: |
| Decision on request (Deferral – Granted/ not Granted) |       |