



Application for Course Deferment (Prior to Commencement)

Applicant Details:

Family Name:		Title:		
First Given Name:				
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date:	
Home Number:		Mobile Number:		
Home address:	<hr/>			

Deferment Request:

Course requesting deferment from:			
Original date of course commencement:		Date available to commence:	
Reasons for requested deferment:			
Declaration:	<input type="checkbox"/> I declare that the information I have provided above is true and correct. <input type="checkbox"/> I acknowledge that I understand my student rights and obligations.		



Signature:		Date:
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Review and Decision:

Name of decision maker:	
Position / Authority:	
Nature of request by student:	
Review of the student's circumstances:	
Application:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Reasons for decision:	
Date of decision to take effect:	
Signature:	Date:



RTO CODE: 45481

Administrative Action:

Name of person completing administrative action:		
Position:		
Administrative Check:	<input type="checkbox"/> Student advised in writing <input type="checkbox"/> Relevant Trainer advised of decision <input type="checkbox"/> Student fees refunded or <input type="checkbox"/> No refund required/approved <input type="checkbox"/> Student file transferred / archived <input type="checkbox"/> Certificate issued (as applicable) <input type="checkbox"/> Student Management System updated	
Comments:		
Signature:		Date: