

Submission:

Submit form NO less than 21 working days prior to deferral commencement date.

Deferral Application Form

Form complies with policy P13-HV Deferral, Suspension or Cancellation
THIS FORM IS ONLY COMPLETED WHEN A STUDENT HAS NOT COMMENCED STUDY

STUDENT DETAILS

Student ID: Date of Birth: Mobile:
 Family Name: Given Name:

DEFERRAL DETAILS

Course Code: Course Name:

Deferral Period from: to (_____ weeks/months)

Reasons for Deferral:

- Illness
 Death of a close family member
 Other. *Please specify below*
- Natural disaster
 Traumatic experience
 Major political upheaval

Why are you making this request? (Please write in your own words):

Please attach relevant supporting documental evidence with this application.

Applicable fee—Student Declaration:

I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing time of the application. I understand that the course delivery, time-table, training plan & duration maybe affected & the flexibility of the time-table may not be available. I also accept that any subsequent deferrals granted will incur a fee of \$200.

Student Signature:

Date:

For international students: If approved, the Institute will report your deferral to Department of Education and Training and Home Affairs which may affect the status of your visa. If you require more information as to how this action may affect your visa status, contact the Department of Education and Training and Home Affairs office.

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute
 Ph: (03) 9650 0367 Fax: (03) 9654 1049
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FOR OFFICE USE ONLY

Date of Submission: Submitted to: Signature:

Finance Check: Application Fee for subsequent deferral: \$200 paid: Yes No NA

Comments:

Finance Officer's name: Signature:

Progress Check: Improvement required: Yes No

Student Support Officer's name: Signature:

Student notified by e-mail sent on: Update SMS:

Update PRISM (*International students only*):

Application approved: Yes No Approving Officer's name: Position:

Approving Officer's signature: Date:

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