

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:

- | | |
|---|---|
| <input type="checkbox"/> Illness | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Death of a close family member | <input type="checkbox"/> Traumatic experience |
| <input type="checkbox"/> Compelling reason | <input type="checkbox"/> Major political upheaval |
| | <input type="checkbox"/> Other. <i>Please specify below</i> |

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

You need to provide evidence/documentation to support your request. Otherwise, your application may be refused

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
 470 Street Melbourne Victoria 3000 Australia
 ABN 51 006 374 241 CRICOS Provider No: 02233M RTO: 7030
 Email: info@baxter.vic.edu.au Website: www.baxter.vic.edu.au

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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:

Approving Officer's comments:

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