

Application to Defer Enrolment

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Enrolled Course Title:
Phone:	Email:
Date:	

Student Deferment / Suspension Request

I wish to apply for defer my studies in my course(s) stated below (choose from below list):

- BSB40820 Certificate IV in Marketing & Communication
- BSB50620 Diploma of Marketing & Communication
- BSB60520 Advanced Diploma of Marketing & Communication
- BSB40420 Certificate IV in Human Resource Management
- BSB50320 Diploma of Human Resource Management
- BSB60320 Advanced Diploma of Human Resource Management
- ICT50220 Diploma of Information Technology
- ICT60220 Advanced Diploma of Information Technology
- BSB80120 Graduate Diploma of Management (Learning)
- RII60520 Advanced Diploma of Civil Construction Design

I wish to defer my studies from (date) _____ for _____ term (s).

My commencement date _____

Student Reason for Deferring / Suspending Enrolment (Please detail your reason(s) for wishing to defer from your course(s) and attach any supporting documentation to support your request. Attach additional sheets if necessary)

- Incompletion of previous or current course
- Approved leave due to personal reasons
- Approved leave due to medical reasons
- Other _____

By signing this document, you are indicating that you are aware of Training Masters’s Student Deferment, Suspension and Cancellation Policy and terms and conditions stipulated in your Offer Letter and Student Acceptance Agreement.

I declare that all information and supporting documentation provided by me is true and correct.

Student Signature: _____ Date: _____

Please note: If you are on a student visa and your deferment/suspension request is approved, government legislation requires Training Masters to inform the Department of Home Affairs (DHA) of the deferment/suspension. This may affect your student visa.

Office use only.

Application Received By	Name:	Signature:	Date:
Payment received	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Application Status	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected		
Approved/Rejected By	Name:	Signature:	Date:

Staff Comments: