



THE CENTRE OF EXCELLENCE T01D 3687

Today's Date / /

Personal Details

Student ID (Staff Only)			
Family Name			
Given Name		Date of birth	
Mailing Address	Number & Street Name		City
	State	Postcode	Country
Email Address		Telephone	

Deferral of Course

Course Details				
CoE Campus	<input type="checkbox"/> Geelong <input type="checkbox"/> Swan Hill			
Course				
Course				
Course Code		No. Weeks		New Start Date
Please indicate reason for deferral.				
<input type="checkbox"/> Financial Reasons <input type="checkbox"/> Work Commitments <input type="checkbox"/> Health <input type="checkbox"/> Other				

DEFERRAL FORM

(This form is for office use only)

Please complete this form and return it to the CoE Administration 126 Yarra Street Geelong Vic 3220

Declaration

I am aware I may defer for a maximum of Four (4) months. I acknowledge that upon my return I must have 100% attendance. If I am unable to further commit to my studies I will withdraw from my course. I am aware that any outstanding fees will need to be paid in full.

Student's Signature		Date	
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Office Use Only			
Administration Department to complete			
<input type="checkbox"/> Student File Updated	New Agreement Required <input type="checkbox"/> Yes <input type="checkbox"/> No		
CoE Staff member		Date	
New Agreement Created <input type="checkbox"/> Yes <input type="checkbox"/> No			