



Deferral or Withdrawal Application

First Name	Family Name	Student ID
Campus:	Current class:	Teacher(s):
Type of deferment (tick one):	Compassionate <input type="checkbox"/>	Family <input type="checkbox"/>
	Sick <input type="checkbox"/>	Other <input type="checkbox"/>
Deferral dates	Start: _____	Finish: _____
Reason for deferral or withdrawal, notes or requests (use back of page if necessary):		
Documents attached (if relevant) e.g. airline ticket if you are returning home because of illness, death in family.		
Are you a sponsored student?	(tick one)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If YES, your sponsor must complete this section:</i>		
I have been informed of, and approve, this student's application for: <input type="checkbox"/> withdrawal <input type="checkbox"/> deferral		
Sponsor name:	_____	
Sponsor signature:	_____	Date: _____
Declaration (Applications made by students under 18 years of age must be signed by a parent or legal guardian)		
I certify that the information I have provided above is accurate.		
Signature:	_____	Date: _____
Recommended by Academic Campus Manager	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature:	_____	Date: _____
Notes:		
Approved by Principal Administrator	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signature:	_____	Date: _____

Office Use Only			
Student told outcome by Student Support <input type="checkbox"/>	Date: _____	Teacher advised by Academic Manager <input type="checkbox"/>	Date: _____
Approval saved in FMP by Student Support <input type="checkbox"/>	Date: _____	COE cancelled by Admissions <input type="checkbox"/>	Date: _____
Homestay updated by Student Support <input type="checkbox"/>	Date: _____	Agent/sponsor advised by Admissions <input type="checkbox"/>	Date: _____
Copy to Finance by Student Support <input type="checkbox"/>	Date: _____	OSHC updated by Admissions <input type="checkbox"/>	Date: _____
BIG advised by Student Support <input type="checkbox"/>	Date: _____	Homestay payments adjusted by Student Support <input type="checkbox"/>	Date: _____

If you think you are eligible for a refund, please complete a refund request form and attach it to this document. Refunds will only be paid according to the Terms and Conditions of Enrolment and Refund Policy that you signed as part of your Acceptance of Offer.