



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"/>
If YES , your sponsor must complete this section:						
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.