

Deferment Request Form

Student Details

First Name: _____ Last name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____ Date of Request: _____

Qualification you are requesting deferral from:

- | | |
|---|--|
| <input type="checkbox"/> Certificate IV in Massage Therapy | <input type="checkbox"/> Certificate III in Early Childhood Education and Care |
| <input type="checkbox"/> Diploma of Remedial Massage (General / Specialisation) | <input type="checkbox"/> Diploma of Early Childhood Education and Care |
| <input type="checkbox"/> Certificate III in Fitness | <input type="checkbox"/> Certificate III in Individual Support (Disability) |
| <input type="checkbox"/> Certificate IV in Fitness | <input type="checkbox"/> Certificate IV in Disability |
| <input type="checkbox"/> Diploma of Sport & Recreation Management (General / Fitness) | <input type="checkbox"/> Certificate III in Individual Support (Ageing) |
| <input type="checkbox"/> Certificate III in Assistant Dance Teaching | <input type="checkbox"/> Certificate IV in Ageing Support |
| <input type="checkbox"/> Certificate IV in Dance Teaching and Management | <input type="checkbox"/> Diploma of Mental Health |
| | <input type="checkbox"/> Diploma of Community Services |
| | <input type="checkbox"/> Diploma of Counselling |

Reason for Deferment:

Your intended last day of study before deferment of studies: ____/____/____

Your intended return to study date: Term _____ Year _____

Supporting Documentation Attached: Yes No

Fees

Your position at the Australian Learning Group is secured by payment of your course fees.

Your course fees for your first term back after your deferment are due on: ____/____/____

Signature: _____ Date: ____/____/____

Complete and hand deferment request form to an International Student Advisor.

OFFICE USE ONLYDeferral Approved: Yes No **Deferral Dates**

From: Date _____, Term/Year _____

Returning: Term/Year _____

Revised final term of study: Term/Year _____

Cycles of Study

How many terms of study remaining once student returns? _____

Are remaining terms of study consecutive? Yes No Details of cycles/modules to be completed in remaining individual terms

_____**Fees**Transfer of Fees: Yes No

Amount to be credited into returning term: Tuition Fees \$ _____, New Due Date _____

Course Material Fees \$ _____, New Due Date _____

Student informed of outcome: Yes No Student informed of due fees: Yes No Student informed of revised Study Timetable: Yes No

Date student informed: ___/___/___ Method: _____

Staff Name _____ Staff Signature _____ Date: ___/___/___

Manager Name _____ Manager Signature _____ Date: ___/___/___