International Students
Deferment Request Form

Student Details
First Name: ____________________________________ Last name: _________________________________
Address: _________________________________________________________________________________
Phone: ______________________________________ Mobile: ______________________________________
Email: _______________________________________ Date of Request: ______________________________

Qualification you are requesting
deferral from:

 Certificate IV in Massage Therapy
 Diploma of Remedial Massage (General / Specialisation)
 Certificate III in Fitness
 Certificate IV in Fitness
 Diploma of Sport & Recreation Management (General / Fitness)
 Certificate III in Assistant Dance Teaching
 Certificate IV in Dance Teaching and Management

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 ONLY

Deferral 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: ____/____ /____