

COURSE DEFERMENT/WITHDRAWAL FORM

Surname: _____ Given name: _____

Student No: _____ Box No: _____ Course: _____

- I wish to *defer* from my course. Intended date of return: Semester ____ Year ____
(you may request a deferral from your course for up to 12 months)
- I wish to *withdraw* from my course
(Please note that you may apply for re-entry to your course. Acceptance and recognition of prior learning will depend on changes that may have occurred during reaccreditation. Re-entry will be subject to terms and conditions of accreditation at that time of re-application.)

Date of Deferment/Withdrawal: ____/____/____ Week: ____

Last date of Attendance: ____/____/____ Week: ____

I have had an interview with: _____ **Date:** ____/____/____

Reason for Deferment/Withdrawal: (attach letter if needed)

Module/s currently enrolled in

Note, as per the withdrawal policy withdrawal from a module after **enrolment day and before census date attracts a \$100 penalty fee per module**. The appropriate fee must accompany this form before it will be processed.

- I am not currently enrolled.

Module code: _____ Module Name: _____

Module code: _____ Module Name: _____

Module code: _____ Module Name: _____

Module code: _____ Module Name: _____

- I have included payment covering my withdrawal penalty.
(Please attach a cheque or complete the credit card authorisation on the reverse of this form.)
- I believe I am eligible for a refund/credit for tuition fees according to refund policy
(Please see current Handbook or website for refund policy. If apply for a refund under Special Circumstances please attach evidence of those circumstances.)

Student's Signature: _____ **Date:** ____/____/____

Course deferment lodged after the beginning of week eight of the semester will result in a WF (Withdraw fail) for each unit, being recorded on the academic transcript rather than a WD (Withdraw).

OFFICE USE ONLY

Comments: _____

Course Advisor's Signature: _____ Date: ____/____/____

Deputy Registrar's Signature: _____ Date: ____/____/____

Changed on class roll: _____ Student Details & History: _____

Refund / re-credit of student's voluntary contribution: APPROVED NOT APPROVED N/A

Removal of FEE-HELP Debt: APPROVED NOT APPROVED N/A

Business Manager: _____ **Date:** ____/____/____

Deputy Registrar: _____ **Date:** ____/____/____

CREDIT CARD AUTHORISATION

Visa Bankcard MasterCard

Card Number: _____ - _____ - _____ - _____ Expiry Date: ____/____

Name on Card: _____ Total Payment: \$_____

Signature: _____