

## **Application for Course Deferment/Transfer/Withdrawal**

## **Applicant Details: Family Name:** Title: First Given Name: Gender: ☐ Male ☐ Female **Birth Date: Home Number: Mobile Number:** Home address: **Deferment Request: Program requesting** deferment from: Date of requested Date of requested deferment: re-commencement: **Reasons for requested** deferment: **Declaration:** I declare that the information I have provided above is true and correct. I acknowledge that I understand my student rights and obligations. Signature: Date:

Doc #: 0594 RTO 45797 CRICOS 03978F Revision: 1.4
Approved Date: 14 Jul 2025 Next Review: 14 Jul 2027 Page **1** of **3** 



## **Transfer Request:**

Provider and Course requesting transfer from:				
Provider and Course requesting transfer to:				
Date of requested transfer:			of new nencement:	
Provider contact details:	Phone:	Deleg	ate:	
Reasons for decision:				
Declaration:	☐ I declare that the information I have provided above is true and correct. ☐ I acknowledge that I understand my student rights and obligations.			
Signature:			Date:	
Withdrawal Request:				
Program requesting withdrawal from:				
Date of requested withdrawal:				
Reasons for requested withdrawal:				
Declaration:	☐ I declare that the information I have provided above is true and correct. ☐ I acknowledge that I understand my student rights and obligations.			
Signature:			Date:	

Doc #: 0594 RTO 45797 CRICOS 03978F Revision: 1.4 Approved Date: 14 Jul 2025 Next Review: 14 Jul 2027 Page **2** of **3** 



## **Review and Decision:**

Name of decision maker:					
Position / Authority:					
Nature of request by student:					
Review of the student's circumstances:					
Application:	Approved Not approved				
Reasons for decision:					
Date of decision to take effect:					
Signature:		Date:			
Administrative Action:					
Name of person completing administrative action:					
Position:					
Administrative Check:  Comments:	Student advised in writing Relevant Trainer advised of decision Student fees refunded or No refund required/approved Student file transferred / archived Certificate issued (as applicable) Student Management System updated				
Signature:		Date:			

 Doc #: 0594
 RTO 45797
 CRICOS 03978F
 Revision: 1.4

 Approved Date: 14 Jul 2025
 Next Review: 14 Jul 2027
 Page 3 of 3