

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: ____/____/____