

Student Details

Student Name:		Student ID Number:	
Phone Number:		Email Address:	
Current Address:			
Current Course of Study:			
Type of Leave:	Deferment: <input type="checkbox"/>		
Deferment from: _____ to: _____	Agree to return to the College on: _____		
Term Deferred: _____			

1. Emergency Contact

Name:	Relationship:
Phone number:	

2. Reason for leave request

Please attach all relevant evidence to support your request

<input type="checkbox"/>	Medical Certificates	<input type="checkbox"/>	Flight ticket	<input type="checkbox"/>	Other: _____
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This application will be assessed once all documentation has been received. The college may ask for more documentation if required. Applications are usually processed within 10 working days. You must pay your scheduled tuition fees during your deferment. Failure to provide to provide documentation may result in your deferment being rejected.

Student Signature: _____ Date: _____

FOR OFFICIAL USE ONLY:

Fully paid:	Yes	No	Deferment: approved:	Yes	No	Date:
Other comments:						
PRISMS updated:	Yes	No	Entered into RTOm?	Yes	No	Date:
Emailed Student:	Yes	No				
Staff Signature:				Date:		