



APPLICATION TO DEFER COURSE COMMENCEMENT FORM

SECTION 1: Student Details	
Student Name:	
Current Address:	
Contact Number:	Email:
Student ID Number:	Course:
Course Start Date:	Course End Date:

Note: If enrolled in a packaged course please enter the start date of your first course and the end date of your last course.

SECTION 2: Reasons/details for your deferral request (please attach any documented evidence and any additional pages if required)

Requested new Course(s) Start Date:
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Student Signature:	Date:
Received by:	Date:

Note: All required documents/evidence must be provided with this completed form and submitted to Admissions the Friday prior to course commencement. Failure to request a deferral prior to course commencement may result in the deferral request not being approved, and/or cancellation fees applying as per the Cancellation/Refund Policy.

Office use only	
Section 3: Supporting evidence	
Required Documents Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidence provided:	
<input type="checkbox"/> Medical Certificate/Letter from Medical Professional	<input type="checkbox"/> Airline Ticket
<input type="checkbox"/> Letter from Student	<input type="checkbox"/> Other documentation:
Received by:	Date:



Section 4: Outcome of deferral request		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Comments:
Course Trainer/Training Manager Approval		
Name:	Signature:	Date:

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