

## Deferment Form

### Student Information

Student Name:	_____
Student Number:	_____
Course of Study:	_____
Trainer:	_____
Mobile phone (AU):	_____
Email Address:	_____
Visa Type:	_____
Mailing Address:	_____

### Instructions

If you are an Australian citizen, New Zealand citizen or been granted permanent residency please tick this box

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Please complete and submit this form along with documentary evidence supporting your request. Supporting evidence includes documentation such as medical certificates, flight itinerary or statements from employers.

### I wish to apply for Deferment/Suspension

You may be eligible for deferment without academic and/or financial penalty or refund where you can demonstrate that special circumstances necessitated the deferment.

Deferment Date: .....

Resumption Date: .....

Please be aware that deferment of your course may incur eCOE and Visa amendments.

State the reason for your deferment and attach all necessary documentary evidence;

### Declaration

I declare that to the best of my knowledge, the information supplied by me is true, correct and complete in every respect.

I acknowledge that the submission of false, incorrect, incomplete or misleading information may result in delays in processing, or that I may be subject to disciplinary action as appropriated by AIBTGlobal.

_____	_____
<i>Student Signature</i>	<i>Date</i>

For Official Use Only

Deferment Terms

Head of School: .....

Signature.....

Date.....