Deferral Form

This form is used to notify CEAV Institute of your intention to **Defer** from a course.

Understanding Deferral Conditions

Please tick to show you have read and understood the conditions which apply to your deferral:

☐ CEAV Institute only permits a deferral of <u>no more than twelve (12) months</u> from the date of receipt of your notification. You must recommence your course within 12 months from the deferral date.

☐ When you return to study, you will join the next available course intake.

☐ **Applicable if your course fees are being paid by your Employer** – I understand that I must get consent from my employer approving this deferral application if my employer is paying for the course. They must sign and date this form.

☐ Any fees that have already been paid will be kept on your account and applied to your next course.

Student Details

First name:		Last name:	
Contact Number:		Mobile number:	
Email Address:			
Address:			

Deferral of Studies

Qualification Code:		Qualification title:	
Commencement Date:		Trainer Name:	
Reason for deferral: (please tick)	☐ Family ☐ Financial ☐ Employment ☐ Personal Reasons ☐ Medical ☐ Other (please specify): _____ (Please attach any relevant supporting evidence)		
Date effective from:		Anticipated date to recommence study:	

Deferral Requested by:

Student's Signature:		Date:	
Employer Name: (If applicable)		Date:	
Employer's Signature:			

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Office Use Only - Approved by:				
RTO Representative's Name:			Date:	
RTO Representative's Signature:				
Issue of Statement of Attainment Required?	☐ Yes	☐ No	Date Sent:	
Finance Team notified:	☐ Yes	☐ No	Date:	
Student File Update:	☐ Yes	☐ No	Date:	
VETtrak Updated:	☐ Yes	☐ No	Date:	
Confirmation sent to student:	☐ Yes	☐ No	Date:	
Trainer informed:	☐ Yes	☐ No	Date:	