



Australian Skills Centre Pty Ltd t/as Austech Business Institute

ACN: 132 817 997 | ABN 95 132 817 997

RTO Provider Code: 91744 | CRICOS Provider Code: 03249F

Suite 1, Level 1 70 – 76 Princes Highway, Arncliffe, NSW 2205, Australia

Tel: (02) 9599 7000 | E-mail: info@ausbizi.edu.au

www.ausbizi.nsw.edu.au

Application for Course Deferral

Apply Deferral of Study

Please ensure you read the conditions outlined below before applying.

- * \$150.00 deferral fee applicable.
- * Deferral of studies by international student is permitted only in compassionate or compelling circumstances such as serious illness, death in the family or for some other reason. Students will be required to provide evidence of compassionate or compelling circumstances.
- * You may only defer your course to the next available intake.
- * A copy of your flight ticket must be provided. Students are not allowed to stay in Australia during the approved deferral period.
- * In case change in Student's CoE required, \$100 per CoE fee applies.

Student's Details

Student's ID: _____
Student's Name: _____
Course Enrolled: _____
Address (In Australia): _____
Contact No. _____ Alternate Contact No: _____

Deferral Details

Deferral Duration: _____
Deferral Start Date: _____ Deferral End Date: _____
Student's Last Class Date: _____ Student's Next Regular Class Start Date: _____
Departure Date: (From Sydney) _____ Arrival Date: (To Sydney) _____
Total extension on study period due to this deferment: _____

Reason:

(Enter your valid reason and it must be specific.)

Evidence:

(List the evidence you will provide to the institute to review your application.)

Declaration:

- * I accept the tuition fee for the deferral course may differ from the original fee issued on offer letter and that the difference must be paid before re-enrolling in the next available term;
- * I accept the course structure of the deferred course may be change;
- * Payment will be made prior to the approval from the institute.



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Deferral Start Date: _____	Deferral End Date: _____
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Student's Signature: _____ Date: _____



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Evidence: (List the evidence you will provide to the institute to review your application.)	

Student's Overseas Contact Details:
Address: _____ _____
Phone No.: _____



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Application for Course Deferral

E-mail (During Deferral):	
Office Use ONLY	
<input type="radio"/> Approved (<i>No. of COEs to be changed</i>)	<input type="radio"/> Declined (<i>Reason</i>)
Approved/Declined By:	
Signature: _____ Date: _____	
Study Plans	
Course Name:	
Missed UOC Code & Name :	Start Date:





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Application for Course Deferral

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Copy of Evidence Provided.

- Medical Certificate
- Flight Ticket
- Other

Payment Details.

Total Fees/Charges: