



## Deferment, and Cancellation of Enrolment Form

|  |                                    |  |  |
|--|------------------------------------|--|--|
| Student Name:  |                                    | Student Number:                          |  |
| Course:  |                                    |  |  |
| Phone:   |                                    | Email:                                   |  |
| I am requesting (please select)  | Deferment <input type="checkbox"/> | Cancellation                             | <input type="checkbox"/>                     |
| From:  | Start Date:                        |  | End Date:                                    |
| <b>Please note:</b> <ul style="list-style-type: none"><li>• Maximum deferral period is 6 months for two-year course duration.</li><li>• Processing time for Deferment, and Cancellation Request shall be within ten (10) working days upon receipt of student's application form.</li><li>• Deferment requests can only be approved under compassionate or compelling circumstances.</li><li>• Evidence to support the request must be attached to the application form.</li></ul> |                                    |  |  |
| Reason for the above marked action:  |                                    |  |  |
| Student Signature:   |                                    | Date:                                    |  |
| Please submit this form via email to <a href="mailto:admissions@ctaaustralia.vic.edu.au">admissions@ctaaustralia.vic.edu.au</a> .  |                                    |  |  |
| <b>Please note:</b> If you wish to extend your deferment period, you must contact CTA as soon as possible, and gain the appropriate authorization. You will be notified of the outcome of your request in writing. If you do not have written authorization to defer your studies and you do not register and attend your scheduled classes, you will be marked absent, and your attendance percentage will be affected and your enrolment and CoE may be cancelled.               |                                    |  |  |
| <b>OFFICE USE ONLY</b>   |                                    | <b>Approved</b> <input type="checkbox"/> | <b>Not approved</b> <input type="checkbox"/> |
| Admissions/Compliance Manager  |                                    |  |  |
| Signature:   |                                    | Date:                                    |  |