

DEFERRING, TRANSFERRING AND DISCONTINUING FORM

QUALITY AREA 2 – VET STUDENT
SUPPORT

DEFERRING, TRANSFERRING AND DISCONTINUING FORM

PURPOSE

This form is used to request a deferment, suspension, or discontinuation of enrolment. It ensures that changes to a student's training status are formally recorded, assessed against regulatory requirements, and supported by appropriate evidence.

PERSONAL INFORMATION			
Given Name:		Family Name:	
Preferred Name			
Date of Birth		Student ID	
Email Address		Mobile Number	
Course Code			
Course Name			

CHOOSE ONE OPTION BELOW		DATE FROM (DD/MM/YYYY)	DATE TO (DD/MM/YYYY)
<input type="checkbox"/>	Deferral of Course (Prior to course commencement)		
<input type="checkbox"/>	Suspension of Course (During the current enrolment)		
<input type="checkbox"/>	Cancellation of Course (Terminate enrolment permanently)		N/A

REASON FOR REQUEST

CHOOSE ONE OPTION BELOW	REASON FOR REQUEST	EVIDENCE REQUIRED
<input type="checkbox"/>	Serious medical illness or injury	Medical certificate / hospitalisation records stating inability to attend classes
<input type="checkbox"/>	Bereavement of close family members e.g. parents or grandparents	Death certificate, if possible or other evidence, such as hospitalisation records, police records
<input type="checkbox"/>	Compassionate grounds	Dependent on grounds for leave. RTO will provide guidance on this.
<input type="checkbox"/>	Transferring to a course with another education provider	
<input type="checkbox"/>	Other reason/s. Please provide details below. (Evidence may be required in support of request)	

DEFERAL, SUSPENSION, WITHDRAWAL INFORMATION

Should you wish to defer or suspend your course due to compassionate or compelling circumstances, you must complete this Deferment, Suspension or Withdrawal of Enrolment Application Form and submit the form to Upskill U Pty Ltd prior to the required Date of deferment, suspension or cancellation.

This written application must be accompanied by sufficient documentary evidence in support of your request, to be assessed and approved by Upskill U Pty Ltd.

Should you return prior to the expected end date of your deferment or suspension, you must notify Upskill U Pty Ltd as soon as possible to assist us in finding a suitable intake or course re-instatement.

PLEASE READ AND SIGN BELOW

By signing below, I confirm that:

- I have provided accurate and complete information
- I acknowledge and understand that the provision of incorrect information may lead to the cancellation of my enrolment.
- I understand I must inform Upskill U Pty Ltd as soon as possible when I intend to resume my training and assessment.

Student Signature	
Student Name	
Date application completed	
IF STUDENT IS UNDER 18 YEARS OF AGE	
Parent/Guardian Name	
Parent/Guardian Signature	

FOR OFFICE USE ONLY

APPLICATION ASSESSMENT	
Application Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No*
<i>*If no, give reason</i>	
Course Release Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No*
<i>*If no, give reason</i>	
ADMINISTRATION	
A student notified of application outcome (including Release, if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No*
Date Notified	
Authorised Officer Name	
Authorised Officer Signature	
Date Application Completed	