

Course Deferral Request Form

Student Details	
Student ID:	
Student Name:	
Date of Birth:	
Course Deferral of Start Date Details	
Course:	
Original Course Commencement Date:	
Revised Course Commencement Date:	
Reason for Deferral:	<input type="checkbox"/> Illness <input type="checkbox"/> Compassionate/Compelling evidence <input type="checkbox"/> Other: <i>(please specify)</i>
Attachments: <i>evidence must be attached</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Signature:	
Date:	
Training & Compliance Manager Approval & Signature:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	
Office Use Only	
Accounts	Administration
<input type="checkbox"/> Changes to finance <input type="checkbox"/> No changes to finance Signature: / /	<input type="checkbox"/> commencement date amended <input type="checkbox"/> VET Trak updated <input type="checkbox"/> The Portal updated (where required) Signature: / /
Comments:	

Form	Course Deferral Request	Version #	v3	Effective Date	July 2019	Created for	PIVOTAL EDUCATION RTO 90272
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