Application for Deferral

This form is to be completed if you are requesting for a deferral from a course. This is to be submitted to the head of campus and is subject to approval.

Deferment is only available to academically successful students; not those that are not meeting attendance or course assessment requirements. Student must have a verifiable and significant medical condition that precludes them from attending class. The College could, in exceptional circumstances, consider other reasons to grant deferment. This is a one-time deferral allowance.

Personal Details

"Date of application"			
Name of student			
Campus enrolled			
Phone		Email	

Deferral information

When would the deferral period start? *You can list today or a specific date in the future*	
You will join the next intake, picking up from where you left off. Your return to study date is:	
Are your fees paid / or up-to-date? *If unsure answer NO so we can confirm*	Yes ☐ No ☐

Terms of deferral

Please refer to Q Academy's deferral policy listed in the student handbook; this is available for download from the website

Please read each term of deferment and tick against them	Please tick
Q Academy is required to report to Centrelink when a student ceases study, this will impact any payments. You must also report this change to centrelink immediately.	
Students are to return with the next intake to reach their point of study, but can be no longer than 6 months.	
If the student does not return to the course on the agreed upon date listed above, the student is deemed to have 'abandoned the course' and forfeits the total course fee	
When returning to study the student must either restart at the point of departure, or in the first lesson of the respective module, as arranged with Campus Captain. Placement is subject to availability.	
The student will be required to reuse any materials originally provided – Workbooks & student shirts, oil and bottles. *If the course material has been updated, new course material can be purchased at listed cost.*	

Supporting Documents

Medical Report	☐
Other, please specify Attach any relevant documents	

DECLARATION

I declare that to the best of my knowledge, the information supplied on this form is all true and correct.

Signature _____ Date _____

Office use only			
Received by		Date	/ /
Document sighted and attached		□ Yes	□ No

Office Use only

Date	Notes