



Change of Course Commencement Date / Course Deferral Form

(This form is for new students who have not commenced their program)

Student ID: _____ Name: _____
 Contact No: _____ Email: _____
 Course: _____

Address: _____ Suburb: _____ Postcode: _____
 _____ Country: _____

Vocational Course 1

Course Name: _____ Prepaid _____
 Total _____
 Original Start Date: _____ New Start Date: _____ OSHC _____
 New End Date: _____

Vocational Course 2

Course Name: _____ Prepaid _____
 Total _____
 Original Start Date: _____ New Start Date: _____ OSHC _____
 New End Date: _____

Please tick the appropriate reasons for deferral

Visa Not Granted Financial Reasons Work Commitments Health Other (Please specify)

Attachment: Yes No Document Type: _____

Declaration

- I declare that the information provided by me is correct and complete.
- I am aware that DHA will be notified of any changes to my enrolment.
- I understand and agree to be bound by the terms and conditions of enrolment.

Student's Signature _____

Date ____/____/____

Office Use Only

Admissions

Student Service

Received By: _____ Date: _____

Database Updated

New COEs Issued Database Updated

Processed By: _____ Date: _____

Processed By: _____ Date: _____

Comments: