

This form is to be completed by students who wish to defer their studies. Deferral of studies will be granted in compassionate or compelling circumstances as per ASTAR Training Institute Deferral, Suspension, Cancellation and Transfer Policy. Students are required to provide documentary evidence of such circumstances.

Student details

Student Name:

Student ID:

Date of Application:

/ /

Course:

I wish to defer my enrolment with ASTAR Training Institute. I wish to defer my studies for the following reason/s:

I wish to defer my enrolment until (insert date): _____

Address while on leave:

Ph:

Mobile:

Email:

In signing this form, you agree:

- The information provided is true and complete.
- That you accept that the course structure of the deferred course may change.
- That you have attached all required supporting documents.

Signatures**Student**

Signed:

Printed Name:

Date:

Date:

Please return this form to our office at the details below. We will advise you of the outcome of your application. If your deferral is approved.

Please return your Deferral Form and supporting documents to:
ASTAR Training Institute Suite 5 & 6, 55 Phillip Street, Parramatta NSW 2150
Parramatta NSW 2150 or info@astartraining.edu.au