

REQUEST FOR DEFERRAL OF STUDIES

Students that wish to defer their studies should read the *Student Deferral Policy and Procedure* before completing this form
The policy is available from www.heli.edu.au/info/

Student Number:	Family Name:		
Other Names:			
Email:	Mobile:		
From what study period do you wish the deferral to take effect:	Term	Year	
When do you intend to return to your studies:	Term	Year	
Note that deferrals are only granted for a maximum period of 12 months.			
What are your reasons for deferral? (please provide details below)			
If you are currently undertaking any subjects and you wish to defer during a study period then you will need to withdraw from those subjects as per the <i>Student Withdrawal and Refund Policy</i> .			

Support to complete this form

If you require any support to complete this form or to obtain a copy of the *Student Deferral Policy and Procedure* then you can contact the Student Support Officer via: support@heli.edu.au

DECLARATION				
I hereby apply for to defer my studies as indicated on this form.				
<table border="1"> <tr> <td>Applicant Signature:</td> <td>Date:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Applicant Signature:	Date:	<input type="text"/>	<input type="text"/>
Applicant Signature:	Date:			
<input type="text"/>	<input type="text"/>			
When completed this form should be submitted to: admin@heli.edu.au				

To be completed by Operations Manager or delegate	
Date request received:	
Approved	Not approved
Reasons for decision:	
Name of Reviewer:	Position:
Signature:	Date: