



APPLICATION FOR DEFERRAL

(Advanced Diploma of Traditional Chinese Medicine [91133NSW])

Name: _____ Student No.: _____

Address: _____

Phone: _____ Email: _____

I the above mentioned, hereby wish to apply for deferral in the Advanced Diploma of Traditional Chinese Medicine (91133NSW).

By applying for deferral, I understand that this deferral will be in effect for one (1) academic year. Once deferral time has lapsed and I wish to extend the deferment, I must lodge another application form before the beginning of that academic year.

All monies paid at the time of deferment are non-refundable unless the deferment is lodged in the weeks before the academic year begins, whereby all fees minus the enrolment and student association fee will be refunded. I may elect to transfer this money to the following year or transfer to another course which is offered by the Institute.

NB: You will be required to pay a re-enrolment fee of \$100 to offset the extra administrative costs when you resume your studies.

Student's Signature _____ Date ____/____/____

Office use only:

Approved Not approved

Comments: _____

Authorised by: _____ Signature: _____ Date: __