



REQUEST TO DEFER

Guidelines

1. This form is for students who wish to defer their studies. To discontinue your studies entirely please complete a *Request for Discontinuation* form available at the Administration Office.
2. There are deadlines for withdrawing units of study with or without penalty. Please refer to SITCM's Academic Calendar <https://www.sitcm.edu.au/calendar/> for the various dates.
3. Deferral of studies is generally restricted to:
 - a. **Bachelor of Traditional Chinese Medicine (BTCM):** No more than 2 years of enrolment.
 - b. **HLT52015 Diploma of Remedial Massage / HLT52115 Diploma of TCM Remedial Massage:** No more than 1 year of enrolment (4 Terms).
4. Please return this form by email: administration@sitcm.edu.au or in person: Administration Office.

Important Advice for Student Visa Holders

- **Department of Home Affairs Notification of Deferment:** Under Commonwealth legislation, SITCM is required to notify the Department of Home Affairs of changes to the enrolment of Student Visa holders. Deferral of studies will in most cases lead to the cancellation of your student visa, and you will be required to depart Australia, or transfer to another visa type.
- **Granting of Deferment to Student Visa holders:** As required by Commonwealth law, student visa holders will be granted a deferment by SITCM conditional on complying with immigration requirements. In all but exceptional circumstances (e.g. serious personal/health problem requiring you to remain in Australia), student visa holders granted a deferment will be required to depart Australia for the duration of their deferment. If you believe your circumstances are exceptional, please provide documentation to support this claim. In all cases, student visa holders granted a deferment by SITCM must report to Immigration authorities to clarify their visa status.
- **Reapplying for your student visa:** You may find it is simplest to apply for a new student visa prior to departing Australia. Whether you choose to apply in Australia or overseas, fill in a Visa Extension/Amendment form, available from the Administration Office with your revised course start and end dates, and have it approved by the Administration Office. Retain a copy of both forms for your records. Your new eCOE will be emailed to your email account.

Personal Details

Name:

Student ID:

Are you an international student? Yes No

Course you applied for / are currently enrolled in:

Bachelor of Traditional Chinese Medicine

HLT52015 Diploma of Remedial Massage

HLT42015 Certificate IV in Massage Therapy

HLT52115 Diploma of TCM Remedial Massage

| Deferral Details | |
|--|--|
| I wish to defer my studies for the following Semester(s)/Term(s): | |
| BTCM: | <input type="checkbox"/> Sem 1 202____ <input type="checkbox"/> Sem 2 202____ <input type="checkbox"/> Sem 1 202____ <input type="checkbox"/> Sem 2 202____ |
| VET: | <input type="checkbox"/> Term 1 202____ <input type="checkbox"/> Term 2 202____ <input type="checkbox"/> Term 3 202____ <input type="checkbox"/> Term 4 202____ |
| because of: | <input type="checkbox"/> Work commitments <input type="checkbox"/> Financial difficulties <input type="checkbox"/> Family <input type="checkbox"/> Health related issue <input type="checkbox"/> Personal <input type="checkbox"/> Other: |
| <i>International Student: You must attach independent supporting documentation as required by student visa regulations.</i> | |
| When do you intend to return to your studies at SITCM? [Semester, Year] | |

| Endorsement | |
|--|-------|
| I have read and understood the guidelines and advice on this application form. I certify that all information, including supporting documentation and certificates, is correct. I hereby authorise SITCM to contact the professional authority concerned for the purpose of verifying any information he or she supplied. I acknowledge that SITCM will, where appropriate, advise the relevant Commonwealth government authority of the outcome of their application. | |
| Student Signature: | Date: |

| Dean (Deferment Approval) | |
|---|---|
| Approved for: | Sem/Term ____ 202____ to to Sem/Term ____ 202____ |
| Name: | |
| Signature: | Date: |
| Office Use Only | |
| <ul style="list-style-type: none"> • Inform the student of the outcome of their request to defer. • International Student: Report to the Department of Home Affairs. | |
| Name: | |
| Signature: | Date: |