



APPLICATION TO DEFER

Office Use Only Date Received ____/____/____ Received by _____
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Use this form if you wish to apply to **DEFER YOUR STUDIES** at CHC (suspend your studies for a specified period) either prior to the Census Date in a current semester, or for a subsequent semester.

Applications to defer do not attract a fee. Students who apply to defer on or before the Census Date in a current semester and whose applications are approved are given a full refund of any tuition fees or student contribution amounts paid upfront for that semester and no academic penalty is recorded for that semester.

See the table below for the forms to use for other actions associated with your enrolment:

If you wish to:	You should complete a:
Change your unit selection (add or drop units)	Application for Change to Unit Selection form
Transfer to a new course (within or across schools)	Application to Transfer Course form
Withdraw from your course (cease your enrolment completely)	Advice of Withdrawal form

PLEASE NOTE THAT PARTICULAR PROCESSES AND DUE DATES APPLY TO EACH OF THE ABOVE. YOU SHOULD CONTACT YOUR COURSE COORDINATOR SHOULD YOU BE CONSIDERING ANY OF THESE ACTIONS.

Please note that you **may not** defer your studies past the Census Date of a current semester. If you wish to discontinue **all** of the units in which you have enrolled for the current semester and the Census Date for that semester has passed, please submit an 'Application for Change to Unit Selection' form.

You may apply to defer your studies only after the successful completion of ONE semester of study, and may defer your studies for a period of ONE semester.

Should a longer period of deferral be sought, please contact your Course Coordinator.

Please note that approved periods of deferral do not contribute to course completion times.

While it is possible to defer at any time after successfully completing ONE semester of study, please be aware there may be consequences for your studies in terms of the availability and sequencing of units.

Students who are in a Commonwealth supported place (CSP) may defer but by doing so negate their CSP. On return from the period of deferral, a student who was Commonwealth supported prior to their deferral will be offered a full fee place, and may be offered a CSP if such a place is available.

Please return the completed form to the CHC Reception
(NB: The date of application is the date on which this form is received by CHC).

You will be advised in writing of the outcome of your application.

For further information, please refer to the CHC Deferral policy (available on the CHC website).

Please contact CHC prior to the Close of Enrolments for the semester in which you intend to resume your studies (May 31 for Semester 2 of a year, and October 31 for Summer Semester and Semester 1 of a following year). In the event that you do not contact the College, your enrolment will be cancelled.

Please provide the details on the following page.



PLEASE PRINT CLEARLY

Name: _____ Student Number: _____

Address: _____

Postcode: _____

Email: _____ Phone: _____

Course Name: _____ Course Code: _____

Are you a domestic or overseas student? [] Domestic [] Overseas
If you are an Overseas Student, you must consult the CHC Registrar prior to applying for a period of deferral.

Are you in a Commonwealth-supported place? [] Yes [] No

Are your studies on a FEE-HELP and/or HECS-HELP loan? [] Yes [] No

Proposed semester of deferral: [] One [] Two Year: _____
You may apply to defer your studies for a period of ONE semester. If a longer period of deferral is sought, please contact your Course Coordinator. Please note that you may not defer your studies past the Census Date of a current semester. If you wish to discontinue all units in a current semester past the Census Date for that semester, please submit an 'Application for Change to Unit Selection' form.

Proposed semester of resumption of studies: [] One [] Two Year: _____

Have you previously been granted a period of deferral? [] Yes [] No

If Yes, please give the Semester and Year: [] One [] Two Year: _____
Please note that approved periods of deferral do not contribute to course completion times.

Date last attended class: ____ / ____ / ____ OR [] Distance Education

Reason for deferral: [] Please attach any supporting documentation

Three horizontal lines for providing the reason for deferral.

Signature: _____ Date: ____ / ____ / ____



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1. DEAN/COURSE COORDINATOR: Deferral approved Yes No Signature _____ Date ____/____/____

Comments _____

2. REGISTRAR: Deferral approved Yes No Signature _____ Date ____/____/____

Comments _____

3. STUDENT ADMIN: Entered Date ____/____/____ Initials _____

Letter sent Date ____/____/____ Initials _____

Library notified Date ____/____/____ Initials _____

4. SCHOOL ADMIN: DE materials returned (if applicable) Yes N/A Date ____/____/____ Initials _____

Practicum Coordinator notified (if applicable) Yes N/A Date ____/____/____ Initials _____

5. BUSINESS OFFICE: Date ____/____/____ Initials _____