



Course Deferral Application Form

GUIDELINES

- This application should only be used to defer your studies at HETI Higher Education. Maximum period of Deferral is 12 months. Enrolment of units within the upcoming and following semester at HETI Higher Education.
- Before completing this form it is important you read and understand the HETI Higher Education Enrolment Policy.
- Applications for Deferral **MUST be submitted by midnight on the published Census Date for the first semester for which deferral is sought.**
- Please note: Submitting an application does not mean that a deferment will be granted.
- You will be notified by email of the outcome of your application by the Education Support team.

CONDITIONS

- Except under extenuating circumstances for which Special Consideration has been granted, applications for deferral submitted after the approved census date will not be considered. Students with approved Special Consideration status will not incur a financial penalty for withdrawal after the commencement of the teaching session.
- HETI Higher Education will reserve a place in the currently enrolled course (or a course deemed by HETI Higher Education to be equivalent) for students whose applications for deferral are approved, subject to the availability of such a course.
- Students subject to conditional enrolment, suspension or exclusion from HETI Higher Education are not eligible for an approved period of deferral.
- Periods of deferral are not included when calculating a student's progression in a course

SECTION 1: STUDENT DETAILS

Title	Surname		
Given Names		Student Number	
Home Phone	Mobile		
Email			

SECTION 2: AWARD APPLYING FOR Deferral

Framework: Applied Mental Health Studies Psychiatric Medicine

HETI Award	Length of Deferral (Max 2 Semesters)	Expected return (Semester & Year)
		Year: <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2
		Year: <input type="checkbox"/> Semester 1 <input type="checkbox"/> Semester 2

SECTION 3: DECLARATION

- I acknowledge that I have read and understand the deferral conditions set out in the enrolment policy.
- I hereby certify that the information provided in this application is true and correct

Signature

Date



HEALTH
EDUCATION
& TRAINING

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OFFICE USE ONLY (ESO)

Date Application Received:

Date forwarded onto Finance:

OFFICE USE ONLY (Finance)

Date Application Received:

Date forwarded onto Unit Coordinator:

Current financial Deb owing:

Comments /Stipulations of Deferment