



Student Deferral Request Form

Student Details:	
First Name:	Last Name:
Email:	
Course Applied:	

Deferral Details:	
The intake date you originally applied for:	
The intake date you wish to defer to:	
Reason for deferral request:	
<input type="checkbox"/> Health issue	<input type="checkbox"/> Family reason
<input type="checkbox"/> Employment commitment	<input type="checkbox"/> Financial difficulty
<input type="checkbox"/> Unable to meet condition(s) specified in the Letter of Offer	
<input type="checkbox"/> Other _____	
Student Signature:	Date:

**Please submit the completed form to info@rosehillcollege.edu.au or Administration staff in person at the campus.*

***The submission of this form does not generate deferral automatically. Student Deferral Request is subject to approval from Admission team and student application will be re-assessed for the new intake you wish to be enrolled in. Student will receive email of the outcome of the request.*

Any supporting documents provided?

Yes, please specify below

 No

Approved by DOS/Principal

Signature: _____

Date: _____