



DEFERRAL REQUEST FORM

Use this form to request a course deferral. Conditions and fees apply. The student must complete all fields in **Section A** and forward the completed form to contact@brighten.edu.au

Please note: Conditions and fees apply - refer to the Fee Schedule in the Student Handbook.

Section A – Student Details

Student full name: _____

Student contact number: _____ Email: _____

Course code and title: _____

Enrolment date: _____

Reason for requesting a course deferral:

Student signature: _____ Date: _____

Section B - Office use only

Authorized staff:	Outcome:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
	Decision date: DD/MM/YY	/ /		
	Staff name & signature:			
Student Support	Comments:			
	New expiry date (if applicable):			
	RTO Manager updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	Fees paid:	\$	Payment method:	
	Staff name & signature:		Date:	