

L5, 12-14 O'Connell St. Sydney NSW 2000 RTO Provider: 41148 | ABN: 73 603 367 096

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.

STUDENT INFORMATION Full Name First Name Middle Name First Name Phone number Email Phone number Course Code and Title First Name Enrolment Date First Name Reason for requesting a course deferral: Date

OFFICE USE ONLY							
AUTHORIZED STAFF							
Approved		Disapproved		Decision Date	/	/	
				Staff Signature			Date
PORT							
Ipdated:	Yes	No	N/A	New Expiry Date	/	/	
				Payment Method			
				Staff Signature			Date
	Approved PORT	Approved	Approved Disapproved PORT	Approved Disapproved	STAFF Disapproved Decision Date Approved Disapproved Staff Signature PORT Value Value Vpdated: Yes No N/A New Expiry Date Payment Method Payment Method Payment Method	STAFF Approved Decision Date / Staff Signature PORT Updated: Yes No N/A New Expiry Date / Payment Method	STAFF Approved Decision Date / Staff Signature Staff Signature PORT Value Value Updated: Yes No N/A New Expiry Date / Payment Method Value Value Value Value Value