

STUDENT DEFERRAL/ WITHDRAWAL FORM

Complete and sign this Form and forward to GBCA
 Address: 337 -339 Latrobe Street, Melbourne 3000

Complete and sign this Form and forward to GBCA Address: 337 -339 Latrobe Street, Melbourne 3000			
Student Full Name			
Student ID			
Email Address		Mobile Number	
Current address			
Course Code and Title			
I would like to apply for a: (tick one)			
<input type="radio"/> Deferment <input type="radio"/> Withdrawal			
From my course.			
DEFERMENT OF COMMENCEMENT OF STUDY			
Start Date			
End Date			
Reason:			
WITHDRAW OF COURSE			
Reason:			
By signing this declaration, I declare the following is true:			
<ul style="list-style-type: none"> • I have read, understood and agreed to the terms and conditions of the Global Business College of Australia refund policy as stated in the GBCA Student Information Booklet and GBCA website • Any evidence that I attach in this form are true and accurate. 			
Student Signature			
Date			

OFFICE USE	
The application has been <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Cancelled	
COMPLIANCE MANAGER PRINTED NAME AND SIGNATURE	
DATE:	
COLLEGE MANAGER PRINTED NAME AND SIGNATURE	
REASON FOR DECISION	
DATE:	