**STUDENT DEFERRAL FORM**

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| Complete and sign this Form and forward to GBCA  Address: 337 -339 Latrobe Street, Melbourne 3000 | | | | | |
| Student Full Name |  | | | | |
| Student ID |  | Date of birth | |  | |
| Email Address |  | Mobile Number | |  | |
| Current address |  | | | | |
| Course Code and Title |  | | | | |
| Course start date as specified in current CoE |  | | | | |
| Proposed new course start date | Next available intake  Specific start date: \_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_ | | | | |
| I would like to apply for a **DEFERMENT OF COMMENCEMENT OF STUDY** from the above course for the following reasons: | | | | | |
| serious illness or injury (provide medical certificate states that the student was unable to attend classes) | | | | | |
| bereavement of close family members such as parents or grandparents (Where possible a death certificate should be provided); | | | | | |
| major political upheaval or natural disaster in the home country requiring emergency travel and this has impacted on the student’s studies; or | | | | | |
| a traumatic experience which has impacted on the student (provide police or psychologists’ reports) | | | | | |
| Inability to begin studying on the course commencement date due to delay in receiving a student visa (for offshore students) | | | | | |
| Others: (please specify and provide supporting documents) | | | | | |
| By signing this declaration, I declare the following is true:   * 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. * If GBCA do not approve my application and I do not commence the course, I will default my course. * Any evidence that I attach in this form are true and accurate. * I am aware it is my responsibility to collect a new CoE from GBCA and check with Immigration office on how this will impact my student visa. | | | | | |
| Student Signature |  | | Date: | |  |
| Parent / Carer Signature (for student under 18) |  | | Date: | |  |

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| **OFFICE USE** | |
| Based on the evidence submitted, the application should be:  Approved  Not approved  Reason for recommendation:  Based on the guideline of GBCA policy’s 19  Based on reasonable judgement of “compelling and compassionate” reason that was beyond the student’s control and have impact on student progress and/or well-being. Pls specify.  Name of student support officer: | |
| The application has been  Approved  Not Approved | |
| **COMPLIANCE MANAGER PRINTED NAME AND SIGNATURE** |  |
|  |  |
| DATE: |  |
| **REASON FOR DECISION (if applicable)** |  |