

Course Deferral Request Form

Personal details

First name or Given name (s):	Surname or Family name:
<input type="text"/>	<input type="text"/>
Phone:	Student Identification Number: *
<input type="text"/>	<input type="text"/>
Email:	
<input type="text"/>	
Course Name: *	Course Code: *
<input type="text"/>	<input type="text"/>

* You can find this information on your Student Agreement or Confirmation of Enrolment document

Important information

This form is to be completed by students who have encountered difficulties or have had circumstances change that directly impacts their ability to undertake studies and wish to suspend their enrolment for a specified period of time. Students may have their Course and LMS access suspended for a period of no more than six months, thereby extending the maximum duration of the course within the teach-out period. No refund of Course Fees will apply and Student's will still remain liable for all payments due under their agreement. SOE reserves the right to refuse a Course Deferral request, in line with the Student Support Procedure.

Deferral details

Please select the number of months you would like to suspend your enrolment by:

1 Month
 2 Months
 3 Months
 4 months
 5 Months
 6 Months

Please select the most appropriate reason for your change in circumstances:

Medical Condition
 Personal difficulties

Other (Please specify)

Documentation

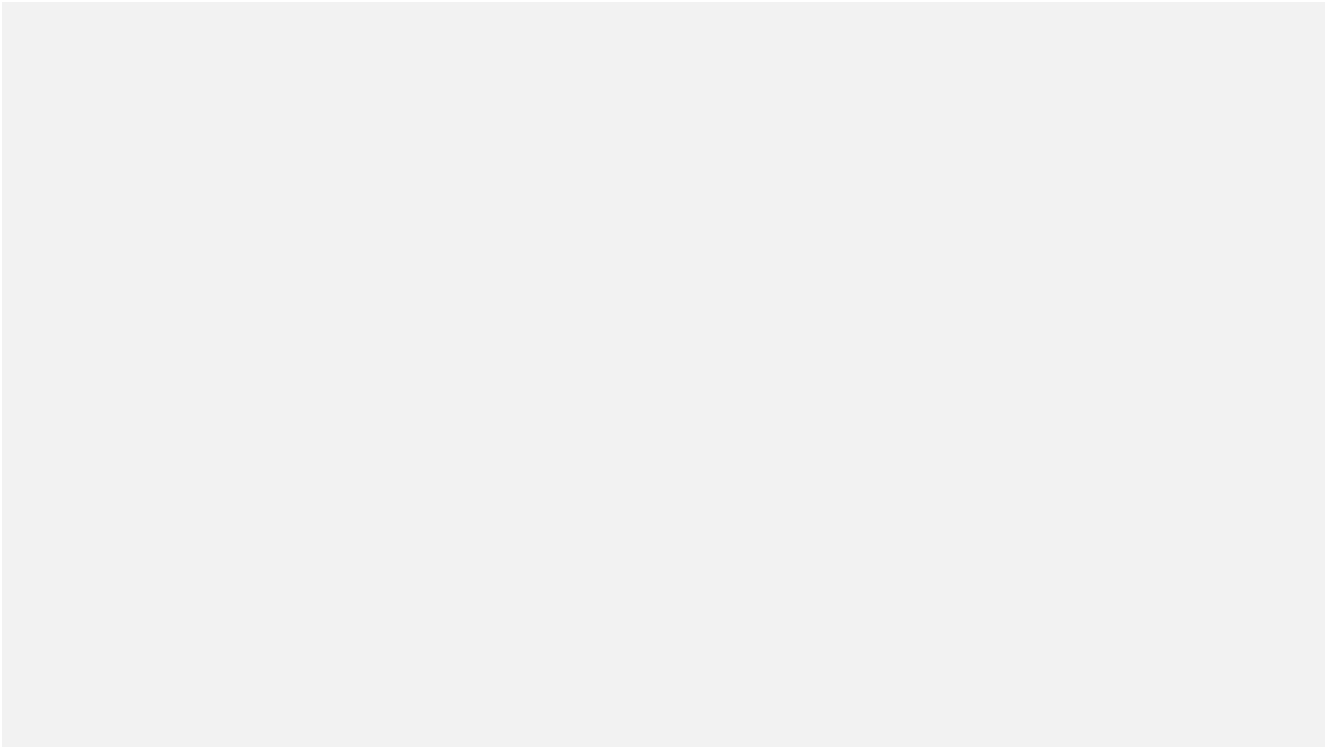
For your application to be assessed, you MUST attach supporting documentation that clearly specifies the date the circumstances began. Failure to do so will result in your request being rejected.

Please select the type of supporting documentation you have attached to this deferral request:

Medical Certificate <i>Including condition, prognosis for recovery, inclusive dates</i>	<input type="checkbox"/>
Counsellor or Psychologist evaluation	<input type="checkbox"/>
Police report	<input type="checkbox"/>
Court or legal documentation	<input type="checkbox"/>
Insurance claims	<input type="checkbox"/>
Financial documentation	<input type="checkbox"/>
Redundancy or Termination documentation	<input type="checkbox"/>
Other <i>Please specify</i>	<input type="checkbox"/>

Please provide a summary of your circumstances

Please be as specific as possible, including names, date circumstances commenced, expected date of recovery

A large, empty rectangular area with a light gray background, intended for the user to provide specific details as requested in the instruction above.

Declaration

I have read the conditions and declare that the information I have provided in the application and the attached supporting documentation is accurate and complete.

Signature:

Date: