

**Submission Time frame for approval: Submit form
NO less than 14 working days prior to deferral
commencement date.**

Deferral Application Form

THIS FORM IS ONLY COMPLETED WHEN A STUDENT HAS NOT COMMENCED STUDY

Deferment: is when a prospective student delays the commencement date of their study. Deferment cannot be applied for or approved once studies have commenced. Students are to use Suspension or leave application forms.

If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to reception@mcohb.edu.au otherwise we may not be able to contact you with important information.

Note: Refund application must be made by completing a Refund Application form and sending it to the Finance Department of MCOHB. The refund application form must be submitted to either reception or by email reception@mcohb.edu.au attention Finance Department.

Whether the student is entitled to a refund or not, they will receive written notification of the outcome, which will include an explanation of how the refund was calculated within 20 working days of receipt of the refund application.

The refund will be paid to the student or another person nominated in writing by the student. If a credit card is used to make payment(s), MCOHB will refund the amount back to the credit card used for the payment(s). Where an application is withdrawn or cancelled, an approved Cancellation Form must be provided with the refund application form. Any refunds listed in the table below are minus the non-refundable administration fee of \$100, payable at course commencement. This fee is mandatory and covers all administration required for enrolment.

Applicant Details

Student ID: _____ Date of Birth: _____
Family Name (as per enrolment registration): _____
Given Name (as per enrolment registration): _____
Phone: _____ mobile phone: _____ student email: _____

Course enrolment Details

Course code: _____ Course title: _____
Has the course already commenced? YES NO
Course start date: _____ Course finish date: _____

Requested deferral period:

Deferral start date: _____ Deferral finish date: _____ Total days/weeks/months: _____

What is the reason / circumstance for deferral application?

- Course cancelled or rescheduled by MCOHB (provider default)
 Family/Personal/Financial Reasons Refused student visa
 Failure to meet English Requirement Medical Reason/s

Other compassionate and compelling circumstances (Please specify):

Student declaration:

- I have read and fully understood the Deferral, Suspension, Cancellation Policy.
 I understand that completing this form does not guarantee a Deferral.
 I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing time of the application. I understand that the course delivery, timetable, training plan & duration maybe affected & the flexibility of the timetable may not be available. I also accept that amend or change Confirmation of Enrolment (COE) will incur a fee of \$100.

For international students: If approved MCOHB will report your deferral to Department of Home Affairs which may affect the status of your visa. If you require more information as to how this action may affect your visa status, contact the Department of Home Affairs.

Student signature:

Date of application:

Office use: N.B Applications MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for refund calculation if applicable.

Required evidence attached YES NO

Examples of required evidence: Notice from Home Affairs refusing visa application, airline tickets departure & return if student is required to return home, medical certificate.

Approved: YES NO

If not approved why?

Director of Studies/delegate signature:

Date:

Printed Name:

Date request received:

Received by: **(MCOHB staff name)**

MCOHB staff member position:

Student file updated: • YES • NO Date updated:

MCOHB staff member who updated student file:

Staff member name:

SMS updated YES NO Date updated:

Admin officer Name:

PRISMS updated YES NO Date updated:

Admin officer Name:

Students' education agent notified: YES NO

If Yes: Date notified: Method education agent notified: Letter email