Application for Course Deferment/Transfer/Withdrawal

Applicant Details:

Family Name:		Title:	
First Given Name:			
Gender:	☐ Male	☐ Female	Birth Date:
Home Number:		Mobile Number:	
Home address:	_____		

Deferment Request:

Program requesting deferment from:	
Date of requested deferment:	Date of requested re-commencement:
Reasons for requested deferment:	

Level 8 140 Elizabeth Street
Sydney NSW 200

info@careerready.edu.au
www.careerready.edu.au

RTO Code: 41420
ABN: 69 607 423 941

Declaration:	☐ I declare that the information I have provided above is true and correct.
	☐ I acknowledge that I understand my student rights and obligations.

Signature:		Date:

Transfer Request:

Provider and Course requesting transfer from:	
Provider and Course requesting transfer to:	

Date of requested transfer:		Date of new commencement:	
Provider contact details:	Phone:	Delegate:	

Reasons for decision:	

Declaration:	☐ I declare that the information I have provided above is true and correct.
	☐ I acknowledge that I understand my student rights and obligations.

Signature:		Date:

Withdrawal Request:

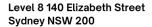| Program requesting withdrawal from:	
Date of requested withdrawal:	

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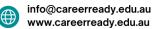
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Reasons for requested withdrawal:	
Declaration:	☐ I declare that the information I have provided above is true and correct. ☐ I acknowledge that I understand my student rights and obligations.
Signature:	Date:

Review and Decision:

Name of decision maker:		
Position / Authority:		
Nature of request by student:		
Review of the student's circumstances:		
Application:	☐ Approved	☐ Not approved
Reasons for decision:		
Date of decision to take effect:		
Signature:	Date:	

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Administrative Action:

Name of person completing administrative action:		
Position:		
Administrative Check:	☐ Student advised in writing ☐ Relevant Trainer advised of decision ☐ Student fees refunded or ☐ No refund required/approved ☐ Student file transferred / archived ☐ Certificate issued (as applicable) ☐ Student Management System updated	
Comments:		
Signature:		Date:

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