**DEFERMENT APPLICATION FORM**

**Important information:**

This form is to be used by students who wish to defer their enrolment after receiving an offer of admission to a course. International students who wish to defer their offer must contact the Admissions Office for advice. Deferred entry is not transferable from one course to another and is generally only available for a period of up to 12 months. The Deferment Policy is available on our website [www.nantien.edu.au](http://www.nantien.edu.au).

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| Student’s Name: |
| Date of Birth: (dd/mm/yyyy) | Student ID Number: |
| Phone: | Email: |

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| Course title:  |
| Preferred Commencement Date:[ ]  Semester 1 (Autumn) [ ]  Semester 2 (Spring) Year: \_\_\_\_\_\_\_\_\_\_ |
| **Important information:** International students must state the reason and provide documentation for deferring their studies, as Nan Tien Institute is obliged to report this information to the Department of Home Affairs.[ ] Gap year [ ] Work [ ] Travel [ ] Illness [ ] Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| I declare that to the best of my knowledge the information supplied on this form is correct and complete.I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application or a withdrawal of the offer.Student's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_\_\_\_ |

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| **Office Use** |
| 🞏 Accept application 🞏 Reject applicationComments:Officer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ |

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