

Professional Year Program – Deferral Request

Date of Application:			
Participant Full Name:			
Participant Email Address:			
Participant Phone Number	:		
Current Provider:			
Location:		Cohort/start date:	
Deferral Reque			
From://	īo:/		
Absent for:days/wee	eks *Leave will not be grante	ed for longer than 3 months	
Reason for defe	erral:		
(****Please submit evidence w	ith your request. Eg. med	ical certificate/flight itinerary/	letter from employer****)
Administration Fee: \$150.00) (GST inclusive)		
You will be invoiced upon sul payment to Engineering Edu outstanding payments with	ucation Australia has bee	en confirmed. Student must	not have any
Please note, it is your respon For any queries regarding yo Department of immigration	ur Visa conditions or requ		
Participant signature:			
Provider to complete:			
New cohort (?):		Makeup classes: (?)	

