

## REQUEST FOR DEFERRAL OF STUDIES

Students that wish to defer their studies should read the *Student Deferral Policy and Procedure* before completing this form  
The policy is available from [www.heli.edu.au/info/](http://www.heli.edu.au/info/)

Student Number:	Family Name:		
Other Names:			
Email:	Mobile:		
From what study period do you wish the deferral to take effect:	Term	Year	
When do you intend to return to your studies:	Term	Year	
<b>Note that deferrals are only granted for a maximum period of 12 months.</b>			
What are your reasons for deferral? (please provide details below)			
If you are currently undertaking any subjects and you wish to defer during a study period then you will need to withdraw from those subjects as per the <i>Student Withdrawal and Refund Policy</i> .			

### Support to complete this form

If you require any support to complete this form or to obtain a copy of the *Student Deferral Policy and Procedure* then you can contact the Student Support Officer via: [support@heli.edu.au](mailto:support@heli.edu.au)

<b>DECLARATION</b>				
I hereby apply for to defer my studies as indicated on this form.				
<table border="1"> <tr> <td><b>Applicant Signature:</b></td> <td><b>Date:</b></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<b>Applicant Signature:</b>	<b>Date:</b>	<input type="text"/>	<input type="text"/>
<b>Applicant Signature:</b>	<b>Date:</b>			
<input type="text"/>	<input type="text"/>			
When completed this form should be submitted to: <a href="mailto:registrar@heli.edu.au">registrar@heli.edu.au</a>				

<b>To be completed by Course Coordinator or delegate</b>	
Date request received:	
Approved	Not approved
If not approved provide reasons:	
Name of Reviewer:	Position:
Signature:	Date: