

DEFERRAL OF OFFER FORM



DIVISION OF STUDENT ADMINISTRATION
GEELONG CAMPUS AT WAURN PONDS
DEAKIN UNIVERSITY VIC 3217

DEAKIN ID NUMBER FROM OFFER LETTER									

You must only use this form if you wish to defer for more than one trimester/semester. If you wish to only defer for a trimester/semester, do not fill in this form. Contact your course advisor for further information.

Please return this completed form to the address above within five working days of receiving your offer of a place.

PERSONAL DETAILS

FAMILY NAME _____ TITLE _____

GIVEN NAMES _____ DATE OF BIRTH _____

VTAC ID / APPLICATION NUMBER _____

EMAIL _____

POSTAL ADDRESS

NUMBER AND STREET _____

SUBURB _____

STATE/COUNTRY _____ POSTCODE _____

TELEPHONE (DAY TIME) _____

COURSE INFORMATION

COURSE NAME _____

DEAKIN COURSE CODE _____ VTAC COURSE CODE (if applicable) _____

ON CAMPUS OFF CAMPUS

BURWOOD GEELONG WATERFRONT

GEELONG WAURN PONDS WARRNAMBOOL

HOW LONG DO YOU WISH TO DEFER YOUR STUDIES?

12 MONTHS 18 MONTHS 24 MONTHS

REASON FOR DEFERRAL

FAMILY CONSIDERATIONS FINANCIAL CONSIDERATIONS

GAP YEAR STUDY DIFFERENT COURSE

INTEND TO TRAVEL INTEND TO WORK

OTHER (please specify) _____

The information and details I have provided on this form are true and correct.

SIGNATURE _____ DATE _____

OFFICE USE ONLY

COURSE CODE	CAMPUS MODE	KEYED BY	DATE