

## **Student Details**

To be completed by student. Please return this form to Benchmark College.					
Qualification / Course Name:			Qualification / Course Code:		
Course Start Date:	//	Student ID: (College)			
USI Number:		Title:			
Surname:		Given Name:			
Middle Name:		Gender			
Date of Birth:	//	Email:			
Mobile Number:		Home Phone:			
Residential Address:					
Suburb:		State:	Postcode:		
Postal Address (if different from above)					
Suburb:		State	Postcode		
I am withdrawing / applying for deferment/ suspension (please tick one from the list below)					

□ I am withdrawing prior to first class attendance or first visit/ participation in training
□ I am withdrawing after first class attendance or first visit/ participation in training
Last day of attendance/visit / /
Please specify reason for withdrawal:
□ I wish to defer/ suspend my studies from / / to / (specify reason below)
Please specify reason for deferment and attach documentary evidence that supports this application (please below for
deferment eligibility):
Deferment
A deferment of enrolment may be granted in the following circumstances:
<ul> <li>Extended hospitalisation or illness (minimum 2 weeks), resulting in extended absence from classes or training and assessment visits supported by a medical certificate.</li> </ul>
<ul> <li>Pregnancy/Childbirth (other than in cases of medical complication covered by the above).</li> </ul>
Serious unexpected incidents that would disadvantage the student from continuing their enrolment.
Student Declaration

Signature:			Date: / /		
Office Use Only:					
Date Received:		□ Approved	□ Approval Not Granted		
	Original form filed in student's file				
	Copy of form provided to accounts				
	Details of refund entered into Vettrak where applicable				