

Information to Students

Please read the information and complete this form, sign and send to AIWT Student Services together with relevant evidence. Please read the Deferment, Suspension or Cancellation Policy & Procedure and the terms and conditions of your enrolment. Contact Student Services in person or phone 08 92499688.

This Application must be approved in writing by AIWT Student Services

- 1. If you are a Campus based student, please book an appointment and see us in person or
- 2. If you are a trainee, please contact your trainer plus inform Student Services with an email
- 3. If Offshore email <u>futurestudents@aiwt.edu.au</u>

Processing Time: Allow seven days (7) to receive a written confirmation from AIWT.

Section A – Personal Details								
AIWT Student ID Number	2	0	1	0				
Family Name	Give	Given Name						
Phone:	Emai	l:						
Onshore and Australian Students: Australian Address: Street:	Over Stree		ddress		al Stud	dents d	only	
Town/Suburb: State: Postcode:	State Post	Code:	rb:					
	Cour	-						
I wish to applyImage: DeferrencetoImage: DeferrencetoImage: Deferrencestudent services	•				arrange	e a me	eting w	ith
Domestic Full Fe	ident Visa) (<i>must arrange a meeting</i>) e Paying iment Funded (PIT & Traineeship)							
 Reasons for Application: Serious Illness (must be supported Bereavement of an immediate fam Natural Disaster or Major political u Traumatic Experience e.g. Involver crime (supported by a police or psy Provider was unable to deliver a pr Inability to start study due to a stud Visa has changed 	by a me ily mem upheava nent in chologis e-requis	dical co ber (ac l (supp an Acc sts repo ite unit	ertifica compa orted l ident, ' ort)	ite) anied k by rele	oy a de evant e	ath ce videnc	e)	



Please	describe the reason for your application	in detail:
-	rovide the following evidence to support and keep the original for your own recor	my application – please provide certified ds:
Expecte	ed Return Date:	(Max timeframe is 1 study period)
	read the following important information	
<u>Declara</u>	ation	
		mation to support my application; e informed my employer
Studer	nt Signature:	Date:
Studer		Date
	ian Signature:	Date:
(IT YOU AI	re under 18 years of age)	

OFFICE USE ONLY	
Application Approved? If 'No', please provide a reason.	Yes 🗆 No 🗆
Date	
Processing Officer	

APPLICATION FOR DEFERRAL OR SUSPENSION OF STUDIES



OFFICE USE ONLY		
Student Services Officer to Complete		
Form Received:	1	
Date:	Completed	Officer
Has this student changed or extended studies previously?	Yes 🗆	
	No 🗆	
If yes, has the validity for this case been checked and supported	Yes 🗆	
by relevant evidence?	No □ Yes □	
f course suspension, has meeting been conducted?	No 🗆	
in course suspension, has meeting been conducted?	N/A □	
Has agent been informed?	Yes 🗆	
has agent been mormed:	No 🗆	
Does OSHC needs to be amended?	Yes 🗆	
	No 🗆	
	NA 🗆	
	Yes 🗆	
Are there any outstanding fees?	No 🗆	
Accounts informed, and future invoicing updated	Yes 🗆	
	No 🗆	
Deferment and Suspension		
Expected Day of Return (Term Start Date)	Yes 🗆	
	No 🗆	
Student will be contacted by who and when (noted in outlook	Yes 🗆	
month and year)?	No 🗆	
Name: Date:		
Letter of approved Deferral/ Suspension sent to student.	Yes 🗆	
	No 🗆	
Application approved by Student Services and all stakeholders	Yes 🗆	
have been informed.	No 🗆	
Record Keeping		
	Yes 🗆	
If this is an international student, have PRISMS been updated?	No 🗆	
	NA 🗆	
If this is a work placement student, has the employer been	Yes 🗆	
informed?	No 🗆	
	NA 🗆	
Has course dates been amended on Powerpro?	Yes 🗆	
	No 🗆	
Has form been uploaded onto Powerpro?	Yes 🗆	
	No 🗆	
Trainer have been informed via email.	Yes 🗆	
	No 🗆	