

Deferral Application Form

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ABOUT THIS FORM

This form is to be used when making an application to defer your enrolment into a course with us. You may defer your studies for up to 12 months. You must provide evidence of compassionate or compelling circumstances in order to defer your studies. Compassionate and compelling circumstances are personal circumstances that are involuntary and outside your control, for example, medical, family, wellbeing, or enrolment circumstances, and present you with limited or no choice. You must also provide supporting evidence with your application (eg a medical certificate).

STUDENT DETAILS

First Name: _____ **Last Name:** _____

Date of Birth (dd/mm/yyyy): _____ **Gender:** Male Female Other _____

Nationality: _____ **Student ID:** _____

Address including street number and name, suburb or town, postcode and country: _____

Postal address (if different) _____

Email: _____ **Phone:** _____

REASON FOR DEFERRAL

Please briefly describe the reason you have decided to defer your studies. _____

Please specify the date you would like to defer your studies to (up to a maximum of 12 months). _____

Name: _____

Signature:

Date: _____

OFFICE USE ONLY

Authorised by: _____ **Signature:** **Date:** _____