

Course Withdrawal & Deferral Form

Date of Request: ____ / ____ / ____

Student Details

- Full Name: _____
 - Student ID (if applicable): _____
 - Date of Birth: ____ / ____ / ____
 - Email Address: _____
 - Phone Number: _____
-

Course Details

- Qualification / Course Name: _____
☐ Online ☐ Blended ☐ Workplace ☐ Other: _____
 - Course Start Date: ____ / ____ / ____
-

Request Type

Please select one option:

- ☐ Course Withdrawal
☐ Course Deferral
-

Withdrawal Details (Complete if withdrawing)

- Effective Date of Withdrawal: ____ / ____ / ____
- Reason for Withdrawal (optional):

Deferral Details (Complete if deferring)

- Reason for Deferral:

- **Preferred Deferral Period:**

☐ Up to 3 months

☐ 3–6 months

☐ Other (please specify): _____

- Proposed Return Date (if known): ____ / ____ / ____

Note: Deferrals are subject to course availability and approval.

Important Information

- Students may withdraw within 10 business days of successful enrolment, provided training has not commenced.
- Withdrawal or deferral requests submitted after training has commenced may be subject to fees in accordance with the Fees, Refunds and Withdrawal Policy.
- Approved deferrals do not guarantee the same timetable, trainer, or delivery mode upon return.

Student Declaration

I confirm that the information provided in this form is accurate and that I understand the implications of withdrawing from or deferring my course, including any financial or academic consequences.

- **Student Signature:** _____

- **Date:** ____ / ____ / ____

Office Use Only

- Request Received By: _____
- Date Received: ____ / ____ / ____
- Outcome: ☐ Approved ☐ Not Approved
- Approved By: _____
- Date: ____ / ____ / ____
- Notes:

Privacy Notice: Personal information collected in this form is handled in accordance with Axiom Compliance Learning's Privacy Policy and relevant legislation.