Deferral/Withdrawal Application Form

Please print in BLOCK LETTERS

(Put a ✓ tick in the appropriate boxes)

1. Given name in full: _____
2. Course Applied: _____ Student No. #: _____
3. Semester Intake: ☐ January ☐ June ☐ October _____
   ☐ Other: _____ Year: 201☐
4. Options: ☐ Defer ☐ Withdraw
   Reason: _____
   _____
   _____
   _____
   _____

5. Have you paid any course fees? ☐ Yes ☐ No
   If yes, amount: [_____]
6. Did you attend any classes? ☐ Yes ☐ No
   If yes, Week(s) _____ Day(s) _____
7. If you want to defer your study, then when do you intend to return to ITI?
   A) Semester: ☐ January ☐ June ☐ October
   ☐ Other: _____ Year: _____

Applicant's Signature: _____ **Date:** ___/___/_____
(Dd/mm/yy)

ADMINISTRATION USE ONLY

Ensure that applicant has successfully completed the application requirements.

Approved: ☐   Not Approved: ☐

CALCULATIONS / PAYMENTS

Authorised By: _____

Signature: _____ Date: ___/___/___
(DD / MM / YY)

The information contained in this application form was correct at the time of publication. However, International Training Institute reserves the right to alter, amend or delete details at anytime without notice.