

COURSE DEFER FORM

Please print neatly in BLOCK LETTERS using BLACK INK.

STUDENT INFORMATION

Student ID: _____

Title (Mr., Mrs., Ms., etc.): _____

Last name: _____

Gender: Male Female

Given name: _____

Telephone number: _____

Date of birth (dd/mm/yy): ____ / ____ / ____

Mobile number: _____

E-mail address: _____

Residential address in Australia: _____

Current/ Enrolled course of study: _____

Reason for your defer: _____

How would you like to receive your new Confirmation of Enrolment (CoE)?

Collect original documents at Griffin College

Receive copies of documents via e-mail

Please send completed form to info@griffin.edu.au or submit it to the college reception

Student signature:

Date: (dd/mm/yy) ____ / ____ / ____

OFFICE ONLY

Date Received: ____ / ____ / ____ Name & signature of Griffin College representative:

Date Processed: ____ / ____ / ____ Name & signature of Griffin College representative: