

Learner Deferral Form

Please complete the following form and return to admin@contourcollege.com.au to formally defer your course

Learner details:			
First name:		Surname:	
DOB:	Contact PH:		Student ID:
Address:			
Email:			
Course details:			
Course name:			
Course start date:		Last date of attenda	nce:
I would like to defer my st	udies, due to the follo	wing reasons:	
Period of Deferment reque	est:		_
I am aware that a place wi	II be held for me at Co	ontour College as long a	s this course is still being offered at
the time of my recommen	cement.		
Learner Signature:			_Date:
Training Coordinator Signa	ature:		_Date:
	O	Office Use Only	
Date received:			_
Deferral approved by:			_
Signature:			_
Date to follow up recomm	encement:		