



(DOMESTIC STUDENTS ONLY)

If you have not already enrolled into your course you may be granted deferment for up to a **maximum of twelve (12) months**.

While this is a guaranteed deferment from the University, all courses will not necessarily be available for commencing students in subsequent years and should this occur VU will negotiate alternative study options with you.

Please submit this form and a copy of your letter of offer by mail to the address below or to a Student Service Centre.

If you have already enrolled in your course, you should not complete this form. Instead you will need to apply for an intermission using the **A53 - Application for Intermission form**.

**PLEASE NOTE: Research students** are required to contact the Office for Postgraduate Research to discuss their eligibility to defer from their course. Please call +61 3 9919 4522 or email [pgresearch@vu.edu.au](mailto:pgresearch@vu.edu.au) for more information.

Please write in **BLOCK LETTERS** using a black or blue pen.

VTAC ID (if applicable):

FAMILY NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ /19

COURSE NAME: \_\_\_\_\_

VTAC COURSE CODE: \_\_\_\_\_ VU COURSE CODE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

I AM APPLYING TO DEFER MY OFFER AND COMMENCE MY COURSE FROM (MM/YYYY): \_\_\_\_\_

REASON/S FOR REQUEST: \_\_\_\_\_

I have provided a copy of my offer letter with this application and have read the Privacy information below. I understand that all courses will not necessarily be available for commencing students in subsequent years and should this occur VU will negotiate alternative study options with me.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ /20

OFFICE USE ONLY	<b>PROCESSING OFFICER CHECK</b>		STUDENT TO RETURN: (please indicate period/study year)
	<input type="checkbox"/> Offer letter provided <input type="checkbox"/> Applicant has signed deferment form	<input type="checkbox"/> Deferment period is indicated <input type="checkbox"/> Deferment letter sent to applicant	
	PROCESSED BY: _____		DATE: _____

## CONTACT US

Enquiries GOTOVU [www.vu.edu.au/gotovu](http://www.vu.edu.au/gotovu)  
Phone +613 9919 6100  
Courses [www.vu.edu.au/courses](http://www.vu.edu.au/courses)  
Future Students [www.vu.edu.au/study-with-us](http://www.vu.edu.au/study-with-us)

## STUDENT SERVICE CENTRES

City Flinders  
City King  
Footscray Nicholson  
Footscray Park  
Melton  
St Albans  
Sunshine  
Werribee

## MAIL TO

Admissions Office  
Victoria University  
PO Box 14428  
Melbourne VIC 8001

**PRIVACY INFORMATION:** We collect your personal information in accordance with our university Privacy Policy ([www.vu.edu.au/privacy](http://www.vu.edu.au/privacy)).