



Bush Tukka Pty Ltd-- T/A--Adelaide Culinary institute(ACI) -- Adelaide Construction institute (ACI)

## Application for Course Deferment/Transfer/Cancellation/Withdrawal (DTCW)

**Applicant Details:** 

Family Name:					Title:	
First Given Name:						
Gender:	□ Male	☐ Female	Birth	Date:		
Home Number:			Mobi	ile Number:		
Home address:						
Deferment Request:						
Program requesting deferment from:						
Date of requested deferment:				ate of requested ommencement:	re-	
Reasons for requested deferment:						
Declaration:	I declare that the information I have provided above is true and correct.  I acknowledge that I understand my student rights and obligations.					
Signature:				Date:	-	-

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## **Transfer Request:**

Provider and Course requesting transfer from:				
Provider and Course requesting transfer to:				
Date of requested transfer:			of new nencement:	
Provider contact details:	Phone:	Delegate:		
Reasons for decision:				
Declaration:	☐ I declare that the information I have provided above is true and correct. ☐ I acknowledge that I understand my student rights and obligations.			
Signature:			Date:	
Cancellation/ Withdrawal R	equest:			
Program requesting Cancellation /withdrawal from:				
Date of requested Cancellation /withdrawal:				
Reasons for requested Cancellation /withdrawal:				
Declaration:	☐ I declare that the information I have provided above is true and correct. ☐ I acknowledge that I understand my student rights and obligations.			
Signature:			Date:	





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## **Review and Decision:**

Name of decision maker:					
Position / Authority:					
Nature of request by student:					
Review of the student's circumstances:					
Application:	Approved Not approved				
Reasons for decision:					
Date of decision to take effect:					
Signature:		Date:			
Administrative Action:					
Name of person completing administrative action:					
Position:					
Administrative Check:  Comments:	Student advised in writing Relevant Trainer advised of decision Student fees refunded or No refund required/approved Student file transferred / archived Certificate issued (as applicable) Student Management System updated				
Signature:		Date:			

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