



DEFER YOUR STUDIES / CHANGE OF COURSE PREFERENCES - INTERNATIONAL

RTO 21832 CRICOS 03356C

EMAIL: INTERNATIONAL@AGB.EDU.AU PHONE: 1300 123 242 CORRESPONDENCE: PO BOX 1284, GEELONG, VIC, 3220

HOW TO COMPLETE AND SUBMIT THIS FORM:

This form is to be used by international students who have received an offer from AGB Training, to defer the commencement of their studies or change their course preference. This form will be accepted up to a week before your course commencement. You cannot change your course once you are enrolled in a semester. You can submit a Defer your studies / change of Course Preference form for the following semester. PLEASE NOTE: You will need information contained in your letter if Offer to complete this form. If you defer for more than 12 months, you will need to submit a new Pre-enrolment international application form. We will require details of any academic or work activates undertaken during that time.

You may only defer your program to the next available intake. For the next available intake visit:

<https://www.agb.edu.au/international-students/enrol>. Please write in BLOCK LETTERS using a black or blue pen.

1. PERSONAL DETAILS:

Student ID (if known): Gender: Male [] Female [] Indeterminate/Intersex/Unspecified []

Title: Mr. [] Miss [] Mrs. [] Ms. [] Other [] Please Specify

Family Name (As stated on passport) Date of Birth: ____/____/____

Given Name (As stated on passport)..... Country of Citizenship.....

Usual Residential Address:

Suburb: Postcode:

Phone: (Home)..... (Work):..... (Mobile):.....

Email Address: (compulsory)

Emergency contact name:

Emergency contact phone..... Relationship.....

Did you apply through an AGB Training Agent: YES [] NO [] Agent Name (If yes):.....

2. WHAT TYPE OF OFFER HAVE YOU RECEIVED? Full Offer [] Conditional Offer []

3. WHAT COURSES HAVE YOU CURRENTLY BEEN OFFERED?

COURSE CODE	COURSE NAME	CRICOS CODE	CAMPUS	SEMESTER (1 OR 2)	YEAR
CHC52015	Diploma of Community Services	09995A	BT	1	2017
1.					
2.					
3.					
4.					

Have you received an electronic Confirmation of Enrolment (eCoE)? YES [] NO []

4. WHAT CHANGES ARE YOU REQUESTING?

I Want to change my course preference []

You may change your course preference once only. Any previous offer granted will be automatically cancelled.

NEW COURSE CODE: _____ COURSE TITLE: _____

Commencement Date: Semester 1 [] Semester 2 [] Year: _____ Campus: _____

Reason for change of preference:

I want to defer my course studies to commence

Commencement Date: Semester 1 [] Semester 2 [] Year: _____

Reason for Deferral

5. DECLARATION

- I accept that the course fee for the deferral program may differ from the original fee paid and that the difference must be paid before a new eCoE can be issued.
- I accept that the course structure of the deferred program may change.
- I understand that by changing my course, this may affect my student visa, which may impact my stay in Australia (For more information contact the Department of Immigration and Citizenship).
- I understand that this request is subject to AGB Training's approval. If approved, a new letter of offer with course details will be issued.
- I understand that AGB Training collects, stores, and uses personal information in accordance with the college Privacy Policy, available at <https://www.agb.edu.au/about/policy-and-procedures>

Signature of Applicant: _____ Date: ___ / ___ / _____

SUBMIT THIS FORM:

Submit this form in person	Post this form to	Email this form to	Contact Accounts
31 Barwon Terrace South Geelong Victoria, 3220	PO BOX 1284 Geelong Victoria, 3220	International@agb.edu.au	Within Australia: 1300 123 242 Outside of Australia: +61 3 5221 2611
OFFICE USE ONLY		Date:	
Processed by:			
Department:			