St Albans Institute Pty Ltd t/a Hawk Institute
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COMMENCEMENT OF STUDIES AFTER DEFERMENT

St Albans Institute Pty Ltd T/A Hawk Institute

Students must complete this form if students have decided the date when they want to commence their course after deferment.
This form must be submitted within your approved deferment period and/or prior to commencement after the deferment.

STUDENT DETAILS

Student ID: _____ USI Number: _____

Student Name: _____ Date of Birth: _____

Course Code and Name: _____

Address: _____

_____

Home Phone: _____ Mobile: _____

Email: _____

Commencement Date: _____

DECLARATION

- ○ I agree to commence my course after deferment period on the date mentioned above.
- ○ I understand my obligation as a student.
- ○ I am aware of the attendance and course progress requirements of the course and the institute.
- ○ I agree to abide by the conditions of enrolment as specified in the offer letter and agreement.
- ○ I understand that the Institute is required to report my enrolment status, deferment, and any breaches of visa conditions to the Department of Education and Department of Home Affairs through PRISMS.

Student Signature: _____ Date: _____

OFFICE USE ONLY

Application received by: _____

Signature: _____ Date: _____