

# Deferral of Studies

This form should be used if you are intending to defer your enrollment in a study period in accordance with the [Changes to Enrolment Policy](#).

Once you are admitted to your course you are expected to study continuously in each relevant study period. Fundamentally, you must enroll in a minimum of two study periods per academic year. If you are unable to meet this minimum study period enrolment requirement, you may defer your studies for up to two study periods per academic year.

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY

1. Personal information			
Kaplan student ID (if applicable):			
Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		Gender:	
First name:		Last name:	
Email:			Date of birth:
Telephone:	(w)	(h)	(m)
2. Current Course Details (I am enrolled in the following course)			
<input type="checkbox"/>	Graduate Certificate in Applied Finance	<input type="checkbox"/>	Graduate Certificate in Financial Planning
<input type="checkbox"/>	Graduate Diploma of Applied Finance	<input type="checkbox"/>	Graduate Diploma of Financial Planning
<input type="checkbox"/>	Master of Applied Finance	<input type="checkbox"/>	Master of Financial Planning
<input type="checkbox"/>	Graduate Certificate in Corporate Finance		
Subject Name (if applicable):			
Deferring Study Period:		Year: <input type="checkbox"/> Study Period 1 <input type="checkbox"/> Study Period 2 <input type="checkbox"/> Study Period 3 <input type="checkbox"/> Study Period 4 <input type="checkbox"/> Study Period 5 <input type="checkbox"/> Study Period 6 <i>Please refer to the <a href="#">Study Period dates</a> published on the Kaplan Professional website</i>	
Returning to study: <i>Must be no more than two study periods after the deferred study period selected above</i>		Year: <input type="checkbox"/> Study Period 1 <input type="checkbox"/> Study Period 2 <input type="checkbox"/> Study Period 3 <input type="checkbox"/> Study Period 4 <input type="checkbox"/> Study Period 5 <input type="checkbox"/> Study Period 6	

## STUDENT DECLARATION

I have read and understood the relevant Kaplan Professional Policies [located on the Kaplan Professional website](#). If you input a PC Code Kaplan Professional may disclose your results and other course related student personal information to the organisation associated with the PC Code being applied. Our Privacy Policy provides information about how you can access and correct the personal information we hold about you or make a privacy complaint. A copy of our Privacy Policy is available at: <http://www.kaplanprofessional.edu.au/privacy-policy>

I understand that if my application is approved, this will lead to my enrolment for the nominated study period(s) being deferred. I understand that I am permitted a maximum of two study period deferrals per year, and that failure to return to study may lead to my enrolment in the course being withdrawn by Kaplan.

Signature:		Date:	
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Return this form to the Kaplan Professional office via:

Mail:	<b>Kaplan Professional</b> Level 12, 45 Clarence Street, Sydney NSW 2000	Email:	<a href="mailto:courseadvice@kaplan.edu.au">courseadvice@kaplan.edu.au</a>
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## APPLICATION ASSISTANCE

Contact your Student Adviser or call 1300 135 798 (+612 8248 7611)