



### INFORMATION FOR APPLICANT

Please read all the information below before filling out the Application for Deferment form.  
Complete this form by **TYPING** over the fields and ticking the boxes.

#### 1. PERSONAL DETAILS

Student ID number                      Title

Are you an international student?                      Yes                      No

Family name                                      First name(s)

#### 2. PROGRAM AND SCHOLARSHIP DETAILS

What is your degree?                      Doctor of Philosophy (PhD)                      Master of Philosophy (MPhil)  
Professional Doctorate                      Master of Research MRes

School/Institute/Centre

What is your attendance mode?                      Full-time                      Part-time

Are you a scholarship holder?                      Yes                      No

#### 3. REQUEST FOR DEFERMENT DETAILS

What is your reason to request a deferment? *(Tick all that apply).*

Health reasons                      Financial reasons                      Personal/family reasons  
Work reasons                      Travel restrictions/travel reasons                      Supervisor request

#### Doctor of Philosophy, Professional Doctorate and Master of Philosophy:

What is your current commencement date?                      DD / MM / YYYY

What is your requested deferred commencement date?                      DD / MM / YYYY

#### Master of Research:


What session do you want to commence?  
Session 1 (First half)                      Session 2 (Second half)

What year do you want to commence?                      YYYY

**Please provide a reasonable explanation of your reason(s) for deferment (or attach as a supporting document).**

## 4. APPROVALS


Student name:

Signature: 

Date:

Principal Supervisor:


Do you approve this request? Yes No

Signature: 

Date:

Associate Dean, Research/Higher Degree Research Director:


Do you approve this request? Yes No

Signature: 

Date:

School Dean/Institute Director

Do you approve this request? Yes No

Signature: 

Date:

Comments (optional):

## 5. HOW TO SUBMIT THIS FORM

When approved, please return this form (including any supporting documents) via email to the Graduate Research School.

Master of Research students: [grs.mres@westernsydney.edu.au](mailto:grs.mres@westernsydney.edu.au)

All other students: [grs.admissions@westernsydney.edu.au](mailto:grs.admissions@westernsydney.edu.au)