



## SUSPENSION APPLICATION FORM

## About This Form

This form is to be used when making an application to suspend your enrolment into a course with us. You may suspend your studies for up to 12 months. You must provide evidence of compassionate or compelling circumstances in order to suspend your studies. Compassionate and compelling circumstances are personal circumstances that are involuntary and outside your control, for example, medical, family, wellbeing, or enrolment circumstances, and present you with limited or no choice. You must also provide supporting evidence with your application (e.g., a medical certificate).

## Student Details

|  |  |        |      |        |       |
|--|--|--------|------|--------|-------|
| Student Name   |  |        |      |        |       |
| Student Number   |  |        |      |        |       |
| Date of Birth  |  | Gender | Male | Female | Other |
| Course   |  |        |      |        |       |
| Nationality  |  |        |      |        |       |
| Address (including street number and name, suburb or town, postcode and country) |  |        |      |        |       |
| Postal Address (If Different)  |  |        |      |        |       |
| Phone Number/s   |  |        |      |        |       |
| Email Address  |  |        |      |        |       |

## Reason For Suspension

Please briefly describe the reason you have decided to suspend your studies.

Please specify the dates you would like to suspend your studies from and to (up to a maximum of 12 months).

Name

Signature

Date

For Office Use Only

APPLICATION FOR  
SUSPENSION:

APPROVED

NOT APPROVED

Checklists:

NOTIFIED STUDENT

SMS UPDATED

PRISMS UPDATED

Comments

APPROVED / REJECTED BY:

Staff Name:

Position:

Signature:

Date: