

Application for Suspension or Withdrawal Form

PERSONAL and CONTACT DETAILS

TITLE (Please circle): Mr. Mrs. Ms. Miss.			
FIRST NAME/S:		SURNAME:	
PREFERRED NAME(Optional):			
RESIDENTIAL STREET ADDRESS:			
TELEPHONE:		DATE OF BIRTH:	
EMAIL:			
COURSE:	<input type="checkbox"/> SIT40716 Certificate IV in Patisserie		
APPLYING	<input type="checkbox"/> Suspension <input type="checkbox"/> Withdrawal		

SUSPENSION WITHDRAWAL DETAILS

<input type="checkbox"/> Financial Problems <input type="checkbox"/> Unable to cope with the course structure <input type="checkbox"/> Others (Please State): _____ _____	<input type="checkbox"/> Personal Matters <input type="checkbox"/> Serious injury/Illness <input type="checkbox"/> Family Obligations <input type="checkbox"/> Family Bereavement
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Please attach relevant documents in support of your application.
 Date of proposed Suspension/Withdrawal: From _____ To _____

STUDENT DECLARATION

I, hereby declare that the information supplied on the form and the evidence attached in support of my application is correct and complete.

STUDENT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

APPLICATION OUTCOME	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected		
COMMENTS			
ADMINISTRATION OFFICER SIGNATURE:		DATE:	