

ENROLLMENT SUSPENSION FORM

A. DETAILS

STUDENT DETAILS

Surname	
First Name	
USI Number	
Student Number	
Email	

CURRENT RESIDENTIAL ADDRESS

Street No.	
Street Name	
Suburb	
State	
Postcode	

COURSE DETAILS

For which Course are you seeking a deferral from?			
Course Name		Course Start Date	

REASON/S FOR SUSPENSION

NOTE: Suspension of studies can only be granted for compassionate or compelling circumstances
<input type="checkbox"/> Academic difficulties <input type="checkbox"/> Personal Health <input type="checkbox"/> Other (Please advised)

EVIDENCE ATTACHED

<input type="checkbox"/> Medical certificate <input type="checkbox"/> Airline ticket <input type="checkbox"/> Other (Please advised)
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DATES FOR SUSPENSION

Start Date		End Date	
Total number of days absent			

PLEASE NOTE: Suspension of studies can only be granted for compassionate or compelling circumstances

B. DECLARATION

I hereby apply for a suspension of my enrolment and acknowledge that this application will be processed in accordance with the Sherwood Institute of Australia Suspension and Cancellation Policy, which I have read and understood.

Signature		Date	
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C. OFFICE USE ONLY

Student's name			
Student id			
Received by		Date received	
Application approved by			
Application denied by			
Comments			
Actioned by		Date actioned	
Student advised		Date sent	