AFS20 Application for Suspension Form

This form is to be completed by students who wish to apply for Suspension. To suspend enrolment means to temporarily put studies on hold. A student may request a temporary suspension to his or her enrolment on the grounds of **compassionate or compelling circumstances**. **Students are required to provide documentary evidence of such circumstances.**

International Students note: may be affected by your application to withdraw so you should contact Department of Home Affairs (DHA) on 131881 to discuss any implications.

Student Name:	Student ID:
Date of Application: / /	Course:

I wish to apply for a leave of absence from the course I am enrolled in with the Institute. I wish to have this absence for the following reason:

Suspension Start Date: End Date:

I have discussed the reasons for the leave of absence with the Compliance and Training Manager   ☐ Yes   ☐ No

Have your contact details changed since you last advised us of them?   ☐ Yes   ☐ No   If yes, please provide below.

Residential Address:	
Suburb & Country:	Postcode:
Tel (Home):	Tel (Work):
Mobile:	Email:

Signatures

Signed:

Printed Name:

Date:

Please return this form to our office at the details below. Please attach all documentary evidence to support and verify your request for leave of absence with this form. We will advise you of the outcome of your application.

OFFICE USE ONLY

Finance Department

Does the student have outstanding fees?   ☐ Yes ☐ No

If yes, the amount of outstanding is $

Verified by:

Name: _____

Signature: _____

Date: _____

Is the suspension approved? ☐ Yes ☐ No

Comments:

```
┌─────────────────────────────────────────────────┐
│                                                 │
│                                                 │
│                                                 │
│                                                 │
│                                                 │
│                                                 │
│                                                 │
└─────────────────────────────────────────────────┘
```

Approving Officer:

Name: _____

Signature: _____

Date: _____

Pace Business College Pty Ltd TA Allied Institute
Level 5, 259 Collins Street, Melbourne, VIC. 3000, Australia.
Email: info@allied.edu.au | Website: www.allied.edu.au | Phone: (+61) 03 7068
0005 RTO: 45476 CRICOS: 04046J ABN: 70 618 803 268
AFS20 Application for Suspension Form 10 October 2024

Page 2 of 2