APPLICATION FOR SUSPENSION (DEFERRAL)/ 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 NAME	☐ SHB30416 Certificate III in Hairdressing ☐ CPC40120 Certificate IV in Building and Construction ☐ CPC50220 Diploma of Building and Construction (Building)		
APPLYING FOR	☐ Suspension ☐ Withdrawal		

SUSPENSION WITHDRAWAL DETAILS

☐ Financial Problems
☐ Unable to cope with the course structure
☐ Others (Please State): _____
_____

☐ Personal Matters
☐ Serious injury/Illness
☐ Family Obligations
☐ Family Bereavement

Please attach relevant documents in support of your application.

Date of proposed Suspension (Deferral)/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	☐ Approved ☐ Rejected	
COMMENTS		
ADMINISTRATION OFFICER SIGNATURE		**DATE:**