

**STUDENT DETAILS**

Student Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Surname/Family Name: \_\_\_\_\_ (Email address must be provided in block letters)  
 Given Name(s): \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Address: \_\_\_\_\_  
 Visa Type: \_\_\_\_\_

**COURSE INFORMATION**

Suspension Effective Start date:        /        /               Suspension Effective End date:        /        /

**Greenwich English courses you are or have been enrolled in:**

General English	eBusiness Pro English	Cambridge:
IELTS Preparation	Hospitality Pro English	KET
English for Business	PTE Test Preparation	PET
Study Groups Global Explorer		FCE
English for Vocational Studies (EVS)		FCE <i>On-Demand</i>
English for Academic Purposes (EAP)		CAE
Pronunciation in Context		CPE

**Greenwich Management, Marketing & IT courses you are or have been enrolled in:**

Diploma of Business (Digital Transformation)	Certificate IV in Marketing and Communication
Diploma of Leadership and Management	Diploma of Marketing and Communication
Advanced Diploma of Leadership and Management	Diploma of e-Commerce
Graduate Diploma of Management (Learning)	Advanced Diploma of Marketing Automation
Certificate IV in Project Management Practice	Advanced Diploma of Information Technology
Diploma of Project Management	Diploma of Information Technology
Advanced Diploma of Program Management	

**Greenwich Hospitality courses you are or have been enrolled in:**

Certificate IV in Kitchen Management  
 Diploma of Hospitality Management  
 Advanced Diploma of Hospitality Management

**Greenwich Health & Care courses you are or have been enrolled in:**

Certificate III in Individual Support (Ageing & Disability)	Certificate III in Early Childhood Education and Care
Certificate IV in Ageing Support	Diploma in Early Childhood Education and Care
Diploma of Community Services (Case Management)	

## REQUEST

### SUSPENSION – Effective day (Monday)

Once approved, your studies will be put on hold for 1 term / up to 8 weeks on the grounds of compassionate or compelling circumstances. You will not be marked absent from your classes and you may return to study after advising the college of the date of your return.

**To be eligible to suspend your course, you need to satisfy each of the following requirements:**

**REQUIREMENT 1:**

You have compassionate or compelling reasons to temporarily suspend your course (Please provide evidence)

**REQUIREMENT 2:**

You are planning to resume your course within 6 months or your course end date is less than 6 months from the date of completing this form

**REQUIREMENT 3:**

You have paid all your tuition fees including the following payment due after the suspension effective date

- \* Compassionate reasons for course suspension requests are defined as referring to the death of close family, serious and/or chronic psychosomatic or terminal disease and life threatening health condition or medical treatment. Additionally, major political upheaval or natural disaster in the home country requiring emergency travel and traumatic experience such as involvement in or witnessing of a serious accident or crime can be considered as compassionate and compelling reasons. All the above need to be supported by relevant documentation.
- \* Further medical evidence, such as a report from a specialist, may be requested to support doctor's assessment where conditions including but not limited to mental health and other illnesses have been diagnosed.
- \* Extended suspension (4 months to a maximum of 6 months) may be granted only if sufficient medical evidence is provided.
- \* No outstanding fees at the time of submission.

## REASON

Provide the reason for this request

## DECLARATION

I understand and agree that:

I will continue to attend classes as per usual, until I receive further information on the outcome of my application.

Changes to my enrolment may affect the status and validity of my visa, and that I should contact the Department of Home Affairs for further information.

Signature: \_\_\_\_\_

Date:            /            /

## OFFICE USE ONLY

Received on Date:        /        /

By: \_\_\_\_\_

Approve            Reject

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:            /            /

	YES	NOT APPLICABLE
Email Sent:		
PRISMS updated:		
STARS updated:		
Release Letter Sent:		

Signature: \_\_\_\_\_

Date:            /            /