

Suspension of Course Form

Australian College of Technical Studies

Student Personal Details	
Family Name	
Given Name	
Date of Birth	
Email ID	
Phone Number	
Postal Address	

Course Details	
Course Name	
National Course Code	
Campus Location	
Trainer /Coordinator	
Phone Number	

Type of Suspension Request

Please select type of suspension request

**Student Initiated
suspension**

**RTO initiated
suspension**

If termination is initiated by the RTO, please specify reason:

Unsatisfactory Course Progress

Non-payment of Fees

Student Misconduct / Breach of Code of Conduct

Failure to Maintain Attendance (if applicable)

Other (please specify): _____

Withdrawal / Termination Details

**Proposed Start
Date of Suspension**

**Proposed End Date
Suspensions**

**Total Duration of
Suspension**

Reason for Suspension (Student to Complete if Applicable)

Please explain the reason for your suspension request.

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Supporting Evidence

Please attach any documents that support your appeal.

- Employment letter
- Medical Certificate
- Email Correspondence
- Visa Documentation (if applicable)
- Other Supporting Documents

List of attached documents:

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Student Declaration

I understand that suspending my enrolment may affect my course duration, fees, and, if applicable, my visa conditions. I confirm that the information provided is true and accurate.

Name: _____

Signature: _____

Date: ____ / ____ / ____

RTO Internal Review (internal Use Only)	
Supporting evidence Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Compliance requirements reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRISMS/ CoE impact assessed (International Student)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

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Outcome of Suspension

- Suspension Approved
- Suspension Not Approved
- Partial Suspension Approved

Effective Date: ____ / ____ / ____

Approval

Role	Name	Signature	Date
Student Administration			
Compliance Manager / CEO Delegate			

Student Notification

- Student notified in writing of the outcome
- Refund outcome communicated (if applicable)
- Academic records updated

Notification Date: ____ / ____ / ____