



Suspension Application Form

Definition: To temporarily put a hold on studies

STUDENT NAME: _____

ADDRESS: _____

STUDENT NUMBER: _____

EMAIL: _____

CAMPUS: _____

For which Course are you seeking a suspension?

COURSE NAME: _____

INTAKE DATE: _____

REASON/S FOR SUSPENSION

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

- Academic difficulties
- Personal
- Health
- Other _____

EVIDENCE ATTACHED

- Medical certificate
- Letter
- Other _____

DATES FOR SUSPENSION:

Start Date: _____ End Date: _____ Total no. of days absent: _____

Declaration

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

Signature: _____ Date: _____

Checklist:

Operations Manager/Head of School to complete in consultation with Trainer

Application received more than 4 weeks prior to departure (except in special circumstances)	Yes	No
Number of weeks absent is less than 4 weeks	Yes	No
At this stage, student is not at risk of unsatisfactory progression	Yes	No
Student attendance is acceptable	Yes	No
Student's fees are up to date	Yes	No
Student will be able to maintain course progression upon return	Yes	No

Detail strategy for student to maintain course progression – additional/rescheduled classes and tutorials prior to departure or on return

Approved Not Approved

FOR OFFICE USE ONLY:			
Students Name:		Student ID:	
Received by:		Date Received:	/ /
Application Approved by:		Application Denied By:	
Comments:			
Actioned By:		Date Actioned:	/ /
Student Advised:		Date Sent:	/ /