

Application to Suspend Studies Form

Evolution Hospitality Institute

RTO # 91256 CRICOS 02869G



To be completed by Student (This form is to be returned to the head office of Evolution)

Please note: Applications for suspension of study take up to 10 working days to process

First Name :		Last Name:	
Other Name:		Campus :	
Date of Birth:		Student ID :	
Phone:		Email:	
Course Name:		Class code:	
Your Mailing Address for notification of outcome	Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Note: Evolution may only enable students to temporarily suspend their studies, including granting a leave of absence, during the course through formal agreement in certain limited circumstances i.e. for major illness, accident or other exceptional compassionate circumstances beyond the control of the student e.g. death in the family. Students are informed that deferring, suspending or cancelling their enrolment may affect their Student Visa. For more information on deferment, suspension or cancellation, please consult DIAC's website (www.immi.gov.au) or directly contact DIAC by phone on 131 881.

Reason for requesting a temporary suspension of study: _____

(Use a separate sheet of paper if more space is needed and attach documentary evidence)

When will be your last day of attendance? ___/___/___
 What is your expected return to Sydney (if applicable)?* ___/___/___
 When are you expecting to resume studies?* ___/___/___

Should you need to extend or shorten the duration of your suspension (incl. leave), please note that **you must inform Evolution as soon as this information becomes available to you. Extension of suspension (incl. leave) must be made in writing (e-mail and fax accepted), include supporting documentation and made prior to the end date of the original application of suspension (incl. leave). Note that failure to contact Evolution of an extension or not contacting or returning to Evolution by the expected date may result in your enrolment being cancelled.*

Declaration

I declare that to the best of my knowledge the information supplied on the form is correct and complete.

Signature of Applicant: _____ Date: _____

Office Use Only: Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>
If not approved, please provide reason:
Does the suspension affect the student's CoE End Date? Yes <input type="checkbox"/> Please specify the new end date: ___/___/___ No <input type="checkbox"/>
If approved, deferring from class _____ to class _____
Director of studies signature: Date: