APPLICATION FOR SUSPENSION/ 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		
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/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:**