

Notification of Non-Attendance

INTERNATIONAL STUDENT \square LOCAL STUDENT \square			
Personal Details			
Student ID: Date of Birth:			
Family Name:			
Given Name:			
Course Code:	Course Name:		
Medical Certificate Details (if applicable)			
Name of Doctor	Date Covered From	Date Covered To	Date Issued
	/ /	/ /	
	/ /	/ /	
	/ /	/ /	
Please list classes missed during your medical certificate period(s). Please make sure you advise your teachers of your medical certificate. (If more space is needed use back of page)			
Day		Time (e.g. 9am - 1pm)	
Other Reasons for Non-Attendance (if applicable)			
Student Declaration I declare that the above information is true and correct. I acknowledge that withholding relevant information or providing incorrect information may delay processing of the application. Medical Certificate Attached: Yes No Reasons:			
Student Signature: Date: / / 20			
FOR OFFICE USE			
Date of Submission:	Administrator Sigr	nature:	
Course End Date Affected: Yes No Update PRISMS:			
Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute Ph: (03) 9650 0367 Fax: (03) 9654 1049			

If your contact details have changed since you lodged your application, please provide new details in "Form SS122" & send it to Baxter Institute in person at reception or via email to reception@baxter.vic.edu.au, otherwise we may not be able to contact you with important information. Only "Form SS122" will be accepted for updating the change.

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