

**Submission:**

Submit form NO less than 21 working days prior to suspension commencing date requested.

### Suspension Application Form

Form complies with policy P13

#### STUDENT DETAILS

Student ID:  Date of Birth:  Mobile:   
 Family Name:  Given Name:

#### SUSPENSION DETAILS

Course Code:  Course Name:   
 Commence Course:  Yes  No If Yes, date of last class attendance:   
 Suspension Period from:  to  ( \_\_\_\_ weeks/months)

**Reasons for Suspension:**

- Illness
- Death of a close family member
- Other. *Please specify below*
- Natural disaster
- Traumatic experience
- Major political upheaval

**Why are you making this request?** (Please write in your own words):

**Please attach relevant supporting documental evidence with this application.**

**For international students:** If approved, the Institute will report your suspension to Department of Education and Training and Home Affairs which may affect the status of your visa. If you require more information as to how this action may affect your visa status, contact the Department of Education and Training and Home Affairs or phone helpline 131 881.

**Applicable fee—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 time of the application. I understand that taking a suspension during studies does not alter or affect the payment plan signed, regardless whether the duration of the course has been changed. I understand that the course delivery, time-table, training plan & duration maybe affected & the flexibility of the time-table may not be available. I also accept that amend or change Confirmation of Enrolment (COE) will incur a fee of \$100.
- I understand that I have the opportunity to complete an internal appeal process in accordance with Baxter Institute P08 Complaint and Appeal available on Institute website: <https://www.baxter.vic.edu.au/policies/> if I wish to.

**Student Signature:**

**Date:**

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute  
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 Email: [info@baxter.vic.edu.au](mailto:info@baxter.vic.edu.au) Website: [www.baxter.vic.edu.au](http://www.baxter.vic.edu.au)

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**FOR OFFICE USE ONLY**

Date of Submission:

Submitted to:

Signature:

Finance Check:

CoE amendment fee \$100 paid:  Yes  No  NA

Comments:

Finance Officer's name:

Signature:

Progress Check:

Improvement required:  Yes  No

Student Support Officer's name:

Signature:

Student notified by e-mail sent on:

Update SMS :

Update PRISMS (*International students only*) :

Application approved:  Yes  No Approving Officer's name:

Position:

Approving Officer's signature:

Date:

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