

## 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	<input type="checkbox"/> SHB30416 Certificate III in Hairdressing		
APPLYING FOR	<input type="checkbox"/> Suspension <input type="checkbox"/> Withdrawal		

SUSPENSION WITHDRAWAL DETAILS	
<input type="checkbox"/> Financial Problems	<input type="checkbox"/> Personal Matters
<input type="checkbox"/> Unable to cope with the course structure	<input type="checkbox"/> Serious injury/Illness
<input type="checkbox"/> Others (Please State): _____	<input type="checkbox"/> Family Obligations
_____	<input type="checkbox"/> 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	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
COMMENTS	
ADMINISTRATION OFFICER SIGNATURE	DATE: