



# IMAGINE EDUCATION AUSTRALIA

EDUCATION CENTRE

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## APPLICATION TO TEMPORARILY SUSPEND STUDIES

USE: This form is to be used when a student requests leave of absence after they have commenced the course and the enrolment is to be temporarily paused.

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

For which course are you seeking a suspension?

COURSE NAME \_\_\_\_\_

REASON/S FOR SUSPENDING YOUR ENROLMENT:

Imagine Education can only temporarily suspend a student enrolment on the grounds of:

- Compassionate or compelling circumstances (e.g. illness where a medical certificate states that the student is unable to attend classes), or
- Misbehaviour by the student (see Provider initiated suspension of student enrolment)

State your reason for applying to have your enrolment temporarily suspended: \_\_\_\_\_

DATES FOR ABSENCE OF LEAVE/ TEMPORARILY SUSPENDING THE ENROLMENT:

FROM: \_\_\_\_\_

(This MUST be a Monday)

UNTIL: \_\_\_\_\_

(This MUST be a Sunday)

Will you be in Australia over this period? (Please circle) YES NO

This change will attract a fee of \$50.00

Please EXTEND my End Date? (Please circle)

YES NO

Are you on EZIDEBIT? (Please circle)

YES NO

If on EZIDEBIT do you want your payments suspended

YES NO

(You only can suspend EZIDEBIT payments if your end date is extended).

NOTE: SCV (Student Course Variation) will be applied to your COE regardless of requesting an extension. Are you currently enrolled in other courses? \_\_\_\_\_

**Please Note:** Temporarily suspending your enrolment may affect your student visa. You must contact the Department of Home Affairs (DHA) for visa information before submitting this form. Contact DHA by phone on 131 881 or through their website at [www.immi.gov.au](http://www.immi.gov.au)

**Declaration:** I hereby apply to suspend my course of study and acknowledge that this application will be processed in accordance with the Imagine Education Australia, Suspension and Cancellation Policy, which I have read and understood. I understand that if my application is declined, I will have 20 days to access the Appeals process as detailed in the Student Handbook. I understand that fees due during my temporary suspension will require payment as per the arranged payment plan.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOR OFFICE USE ONLY:			
Received by:		Date Received:	/ /
Application Approved by:		Application Declined by:	
EVIDENCE PROVIDED			
Will the course End Date be affected?	YES NO		
Actioned by:	<input type="checkbox"/> PEPI <input type="checkbox"/> PRISMS	Date Actioned:	/ /
Actioned by SPO:		Date Actioned:	/ /
Student Advised:		Date Sent:	/ /
Trainer Advised:		Date Sent:	/ /
Agent & Account Manager Advised:		Date Sent:	/ /

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CRICOS Provider No: 02695C

National Provider Number 31302

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