



2020 REQUEST FORM ENROLMENT SUSPENSION

STUDE	NT DETAILS	
Student Number:	Email:	
Surname/Family Name:	(Email address must be provided in block letters)	
Given Name(s):	– Mobile:	
Nationality:	Address:	
Visa Type:		
COURSEI	NFORMATION	
	Suspension Effective End Date : /	1
Greenwich English courses you are or have been enroled in:	Greenwich Management courses you are	or have been enroled in:
General English Pronunciation in Context	Certificate II in Business	Cert. IV in Project Management Practice
IELTS Preparation	Certificate III in Business	Diploma of Project Management
Cambridge: KET PET FCE FCE On-Demand CAE CPE	Certificate IV in Business	Adv. Diploma of Program Management
English+ Creative Technology	Diploma of Business	Cert. IV in Marketing and Comm.
English for Business	Cert. IV in Leadership and Management	Diploma of Marketing and Comm.
English for Vocational Studies (EVS)	Diploma of Leadership and Mgmt.	Diploma of Event Management
English for Academic Purposes (EAP)	Advanced Diploma of Leadership and Man	agement
RE	QUEST	
Requirement 1 You have compassionate or compelling reasons to temporally suspend your course Requirement 2 You are planning to resume your course within 6 months or your course end date in Requirement 3 You have paid all your tuition fees including the following payment due after the suspensionate reasons for course suspension requests are defined as referring to the death of close or medical treatment. Additionally, major political upheaval or natural disaster in the home country accident or crime can be considered as compassionate and compelling reasons. All the above need * No outstanding fees at the time form submission. REASON Provide the reason for this request	s less than 6 months from the date of complet uspension effective date e family, serious and/or chronic psychosomatic or termi y requiring emergency travel and traumatic experience	inal disease and life threatening health condition
DECLARATION I understand and agree that: ■ Changes to my enrolment may affect the status and validity of my visa, and that I she ■ My Enrolment Cancellation/Suspension Request will be made in accordance with the ■ My agent will be informed about my intention to cancel / suspend my enrolment Signature	·	
	E USE ONLY	
Received on Date / / By Reason: Approve Reject Signature	Yes Yes	t applicable
Date / /	Not Applicable Date	1 1

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