

Applicant Details

Suspension Application Form

Suspension: is when a student, who has already started and has not completed their study, they require a leave of absence for a period not less than 3 weeks and not longer than the duration of the course that they have enrolled in. If approved, their training plan is suspended with the clear intention that the student will recommence at an agreed date in the future (i.e. temporary suspension).

If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to admin@MCOHB.edu.au otherwise we may not be able to contact you with important information.

Student ID:	Date of	Birth:						
Family Name (as per enrolment registration):								
Given Name (as per enrolment	registration):							
Phone:	mobile phone:	student email:						
Course enrolment Details								
Course code:	Course title:							
Course start date:	Course	finish date:						
Suspension period: Cannot be less than three (3) weeks if less than 3 weeks use leave application form								
Suspension start date:	Suspen	sion finish date:						
Total days/weeks/months:								

what is the reason / circumstance for susper	ision application?					
☐ Course cancelled or rescheduled by MCOHB (provider default)						
☐ Family/Personal/Financial Reasons	☐ Refused student visa					
☐ Nonpayment of tuition fees	☐ Medical Reason/s					
☐ misbehaviour by the student	☐ breach of course progress or attendance					
	requirements					
Other compassionate and compelling circumstances (Please specify):						
Student declaration:						
\square I have read and fully understand MCOHB Deferral, Suspension, Cancellation Policy.						
$\hfill\square$ I understand that completing this form does not guarantee a suspension from studies.						
□ 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 the course delivery, timetable, training plan & duration maybe affected & the flexibility of the timetable 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 a right to appeal through MCOHB's internal complaints and appeals process, in accordance with <i>Standard 10 (Complaints and appeals) of the National Code of Practice for Providers of Education and Training to Overseas Students 2018</i> (CRICOS Standards), within 20 working days of this application not being approved.						
	ort your suspension to Department of Home Affairs which may ation as to how this action may affect your visa status, contact the					
Student signature:	Date of application:					

	t is notified and s		•		eir delegate befor on if applicable.	е
Required evide	nce attached	□ YES	B □ NO	□NO		
	ired evidence: Notic d to return home, n					turn if
Approved:	☐ YES	□NO				
If not approved	why?					
D'acceteur of 01	P / J. J (² -	1		Data		
Director of Studies/delegate signature:				Date:		
Printed Name:						
Date request received:			Received by: (MCOHB staff name)			
MCOHB staff m	nember position:					
Student file upo	dated:	• YES	• NO	Date updated:		
MCOHB staff m	nember who upda	ated student file:	:			
Staff member n	ame:					
Students' educ	ation agent notifi	ed:	☐ YES	□ NO		
If Yes: Date no	otified:	Method	d education ager	nt notified:	☐ Letter	□ email