



APPLICATION FOR COURSE RESUMPTION

PERSONAL DETAILS

PERSONAL DETAILS	
STUDENT NAME	
STUDENT ID D	ATE OF BIRTH (DD/MM/YY)
ADDRESS	
PHONE NUMBER	
MOBILE NUMBER	
STUDENT DECLARATION	
Please list the program(s) which you wish to resume.	
COURSE NAME	
Coe NUMBER	
Leave of Absence/postponement was effective from _	to
If offshore Arrival date in Australia:	
Signature	Date
OFFICE USE ONLY	
OTTICE O.	SE CIVET
Resumption is not granted	Resumption is granted
☐ Information entered in PRISIMS	Other
Reason:	
Name of Authorising Officer	
Signature Authorising Officer	Date





If resumption granted expected last date of course :

Units to be completed