

SUSPENSION OF STUDIES APPLICATION FORM



Leave of Absence

Before applying, please ensure that you have read the LEA Course Modification and Tuition Fee Refund Policy and understood the Procedure.

In order to discuss reason for Leave of Absence and future plans, Students are strongly encouraged to speak with the Course Coordinator and/or Student Experience Officer

Students may apply for a leave of absence under extenuating circumstances such as illness, injury or other compelling personal reasons that are negatively impacting their studies and subjected to the following conditions.

- A leave of absence may be granted for up to 12 months.
- Students are automatically re-enrolled at the end of the leave of absence.
- Students are not required to re-apply to the course.

International students must remain aware of their visa conditions and the effect that course modification may have on their enrolment and consequent visa requirements. LEA shall take into account the impact of an international student's application on their visa when evaluating applications.

LEA shall grant leaves of absence and impose temporary suspensions on serious grounds such as:

- Compelling or compassionate circumstances
- Serious breaches of the student Code of Conduct.
- LEA recognises its obligation to report any changes to the enrolment details of an international student through the Provider Registration and International Student Management System (PRISMS).

YOUR PERSONAL AND LEA COURSE DETAILS

Title:	Family Name:	Given Names:
Date of birth: <input type="text" value="Click or tap to enter a date."/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Address:	Suburb:	State:
Country:	Postcode:	
Student ID:	Contact Phone Number:	Email:
Course Code:	Course Name:	Course Coordinator:

Year of enrolment

Have you previously applied for suspensions at LEA Yes No?

SUSPENSION DETAILS

I wish to suspend my studies from date:

I wish to return to my studies from date:

REASONS FOR SUSPENSION

- Medical
- Overseas
- Other (Please Specify):

STUDENT DECLARATION

Please read the statement below and check the box in acknowledgement.

- I have read the Course Modification and Tuition Fee Refund Policy and Procedures and understand the process
- Furnished all relevant supporting documentation
- Signed the declaration section in this form

Completed forms should be sent to the:

Course Coordinator
Lincoln Education Australia
144A Marsden Road
Ermington
NSW 2115

Email: coursecoordinator@lea.edu.au

We will endeavour to contact you as soon as possible regarding your application.

For further information please contact the Couse Coordinator.

I declare that the information provided by me is true and complete. I acknowledge that LEA reserves the right to confirm the information provided and may vary or reverse any decision regarding Leave of Absence on the basis of incorrect or incomplete information. I hereby give consent for LEA to contact my treating practitioner and/or other person or organisation named in any supporting document to confirm / clarify the information provided and for the practitioner or other person/organisation to provide information relevant to my request for Leave of Absence. I agree to provide a more specific consent to disclose any of the information provided, should this be required by the organisation.

Signed: _____

Due Date: _____



Privacy Notification: Personal information collected on this form will be used to process and investigate your application. The Institute will notify the Department of Education and Training via PRISMS as required under the ESOS Act 2000. The people who are directly involved in the process will have access to information about the form. This application and further communications that form part of the application will be stored securely at LEA. You have the right to request access to your personal information

For Office Use Only	
Date Received:	
Referred to:	Date Referred: