

CHANGE OF ENROLMENT Suspension Form

| Student to complete | |
|---|----------------|
| Family name (as shown in the passport): | |
| Given name(s) (as shown in the passport): | |
| Student number: | Date of birth: |
| Current (NSW) address: | |
| Email address: | Mobile phone: |
| Current USPP Course: | |
| Future USPP course: restart | |
| New Degree choice at the University of Sydney. Please refer to Change of Degree Preference Form attached: _____ | |
| I am applying for Suspension from _____ (the next day after last day of study), returning on _____ (insert dates) | |
| Please select one of the following reasons: | |
| <input type="checkbox"/> Personal reason | |
| <input type="checkbox"/> Medical / health reasons (must provide a medical certificate) | |
| <input type="checkbox"/> Family health issues | |
| <input type="checkbox"/> Other (Provide details in a personal statement): | |
| I have provided the following supporting documents* with my application: | |
| <input type="checkbox"/> Medical certificate (if applicable) | |
| <input type="checkbox"/> Air ticket (required for student visa holders who are not changing to a different provider and who are leaving the country) | |
| <input type="checkbox"/> Written parental permission (required for students who are under 18 years old) | |
| *Your application will NOT be processed if required documents are not provided. Documents can be emailed to studentrecords@taylorscollege.edu.au | |
| Student declaration – Please tick: | |
| <input type="checkbox"/> I understand that the suspension may result in a personalised study plan when I resume my studies. | |
| <input type="checkbox"/> I understand that the suspension of enrolment may affect my current visa. | |
| <input type="checkbox"/> I am giving written consent to The University of Sydney and the College to check my visa status and conditions in VEVO, the Visa Entitlement Verification Online system provided by the Department of Home Affairs (DHA) | |
| Student's signature: _____ | Date: _____ |

| OFFICE USE ONLY | | |
|--|---|-----------------------------|
| Finance Officer (or Delegate) to complete | | |
| Fees paid: | Fees due/overdue: | |
| Comments: | | |
| | | |
| Finance Officer's (or Delegate) signature _____ Date: | | |
| _____ | | |
| Student Records Administrator to complete | | |
| Tick the following if received: | | |
| <input type="checkbox"/> Air ticket (required for student visa holders who are not changing to a different provider and who are leaving the country) - flying out on (Date): _____ | | |
| <input type="checkbox"/> VEVO checked location and date: _____ | | |
| Last day at College (last day of class): ___/___/_____ | | |
| College Director (or Delegate) to complete | | |
| Has the student attended 6 months of the academic course? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are there exceptional circumstances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the student being suspended for misconduct? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Refund due? | As per refund policy <input type="checkbox"/> | No <input type="checkbox"/> |
| Comments: | | |
| | | |
| College Director's (or Delegate) signature: _____ Date: _____ / _____ / _____ | | |

* Notice of Enrolment Cancellation

**Once cancellation is finalised, a student's cancelled enrolment must be reported to DHA via PRISMS within the following timeframes:

Under 18 years – within 14 days

All other students – within 31 days.