

## STUDENT SUSPENSION/WITHDRAWAL FORM

Complete and sign this Form and forward to Job Training Institute  
Dandenong Campus: Suite 6/106 Foster St, Dandenong VIC 3175  
City Campus: Level 4, 259 Collins Street, Melbourne, VIC 3000

Student Full Name			
Student ID		Mobile Number	
Email Address			
Course Code and Title			
Commencement Date:		Expected Completion Date:	
Trainer Name			
<b>Type of Request</b> <input type="checkbox"/> <b>Suspension</b> – Temporary pause in studies <input type="checkbox"/> <b>Withdrawal</b> – Permanent exit from course <b>If suspension, please specify suspension period:</b>  <b>From:</b> _____ <b>To:</b> _____			
<b>Reason for Request (tick as applicable)</b> <input type="checkbox"/> Personal / Family reasons <input type="checkbox"/> Health / Medical issues (attach medical certificate) <input type="checkbox"/> Employment commitments <input type="checkbox"/> Relocation <input type="checkbox"/> Other (please specify): _____ <b>Provide further details (optional):</b>  			
<b>Supporting Documents</b> (Attach any relevant evidence such as medical certificate, employer letter, or personal statement)  <input type="checkbox"/> Attached <input type="checkbox"/> Not Attached			
<b>Student Declaration</b>  I declare that the information provided is true and accurate. I understand: <ul style="list-style-type: none"> <li>• <b>Suspension:</b> My enrolment will be temporarily paused for the period above. I may resume studies within the agreed timeframe.</li> <li>• <b>Withdrawal:</b> My enrolment will be cancelled and recorded as withdrawn. Refunds (if any) will be processed in line with the JTI's <b>Refund Policy</b> and Skills First requirements.</li> <li>• I have read and understood the JTI's policies regarding suspension and withdrawal.</li> </ul>			

- I understand that my withdrawal may affect my eligibility for future government-funded training under the Skills First Program

Student Signature

Date

## OFFICE USE

Received By:

Date Received:

The application has been ☐ Approved ☐ Not Approved

Supporting Documents Verified: ☐ Yes ☐ No

Approved by General Manager/Training Coordinator

Printed Name

☐ Yes ☐ No

Signature

DATE Approved:

Effective Suspension Date (If requesting for Suspension)

## QA Department

1. Ensure Evidence of Participation (EOP) is collected, verified, and retained in the student file prior to processing withdrawal ☐ Yes ☐ No

2. Vettrak updated with withdrawal/suspension status and last date of participation

☐ Yes ☐ No

*Note: All records related to this withdrawal/suspension will be retained for a minimum of 7 years in accordance with the Skills First VET Funding Contract and Standards for RTOs 2015*

QA Officer Name: \_\_\_\_\_ Date: \_\_\_\_\_

QA Officer Signature: \_\_\_\_\_