

**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			

**Type of Request**

**Suspension** – Temporary pause in studies  
 **Withdrawal** – Permanent exit from course

**If suspension, please specify suspension period:**

From: \_\_\_\_\_ To: \_\_\_\_\_

**Reason for Request (tick as applicable)**

Personal / Family reasons  
 Health / Medical issues (attach medical certificate)  
 Employment commitments  
 Relocation  
 Other (please specify): \_\_\_\_\_

**Provide further details (optional):****Supporting Documents**

(Attach any relevant evidence such as medical certificate, employer letter, or personal statement)

Attached  Not Attached

**Student Declaration**

I declare that the information provided is true and accurate. I understand:

- **Suspension:** My enrolment will be temporarily paused for the period above. I may resume studies within the agreed timeframe.
- **Withdrawal:** My enrolment will be cancelled and recorded as withdrawn. Refunds (if any) will be processed in line with the JTI's **Refund Policy** and Skills First requirements.
- I have read and understood the JTI's policies regarding suspension and withdrawal.



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

Student Signature	
Date	

<b>OFFICE USE</b>		
Received By:		Date Received:
The application has been <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Supporting Documents Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Approved by General Manager/Training Coordinator  <input type="checkbox"/> Yes <input type="checkbox"/> No	Printed Name	
	Signature	
DATE Approved:		
Effective Suspension Date (If requesting for Suspension)		
<b>QA Department</b>		
1. Ensure Evidence of Participation (EOP) is collected, verified, and retained in the student file prior to processing withdrawal <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Vettrak updated with withdrawal/suspension status and last date of participation <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>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</i>		
QA Officer Name: _____ Date: _____		
QA Officer Signature: _____		