APPLICATION FOR COURSE RESUMPTION

Student Details

Student Name			
Student ID		Date of Birth	
Email		Contact Number	
Address			

Course To Resume

Course Code and Name			
Leave From		Leave till	
Student Signature		Current Date	

For Office Use Only

Outcome	☐ Resumption Granted ☐ Resumption Not Granted		
Information entered in PRISMS	☐Yes ☐No		
Name of the Authorizing Officer		New COE End Date	
Signature of the Authorizing Officer		Current Date	

Units to be completed (to be filled by CEO/ RTO Manager)

Unit Code – Unit Title	Unit Start Date	Unit End Date	Trainer/ Assessor

Add rows as required