



COURSE SUSPENSION FORM

SECTION A: LEARNER'S DETAILS			
Surname:			
Given Names:			
Address :			
Email:		Mobile:	
SECTION B: CURRENT ENROLLED COURSE			
Course Name:			
Start Date:			
Mode of Delivery:	<input type="checkbox"/> Correspondence	<input type="checkbox"/> Cluster	
SECTION C: SUSPENSION DETAILS			
Start Date:		<input type="checkbox"/> 3 months	
End Date:		<input type="checkbox"/> 6 months (maximum)	
Reason/s: (please attach proof of evidence e.g. medical certificate)	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Compelling	<input type="checkbox"/> Others (e.g. Travel)
SECTION D: DECLARATION FORM			
<ul style="list-style-type: none"> I understand that I have read the instructions on this form. I certify that all of the information supplied by me on this form is complete and correct. I understand that I cannot undertake study at another Institution during my course suspension period unless permission has been granted by PEAK. I understand that I must notify PEAK a month before I wish to resume my course following my suspension, and that my candidature will lapse if I fail to do so. I understand that an application to discontinue my course or failure to resume after a suspension will result in termination of enrolment in my current degree 			
Signature:			Date:
OFFICE USE ONLY:			
Approved by:		Date Approved:	
Comments:			