

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: | <input type="checkbox"/> Compassionate <input type="checkbox"/> Compelling <input type="checkbox"/> Others (e.g. Travel) | | |
| (please attach proof of evidence e.g. medical certificate) | | | |
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| 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: | | | |