



## SUSPENSION OF STUDIES APPLICATION FORM

**Please Note:** The trading name for the Lincoln Institute of Higher Education (LIHE) is Lincoln Education Australia (LEA).

### **Leave of Absence or Deferral**

Before applying, please ensure that you have read the LEA Course Modification and Tuition Fee Refund Policy [Course Modification and Tuition Fee Refund Policy & Procedures](#) and Procedures as well as the International Students Deferral, Cancellation and Suspension of Study Policy and Procedures [International Students Deferral, Cancellation and Suspension of Study Guidelines](#) and understood the process involved.

The student can initiate deferral or leave of absence as explained comprehensively in the International Students Deferral, Cancellation and Suspension of Study Policy and Procedures and the Academic Progress Policy and Procedures.

In order to discuss the reasons, implications and future plans, students are strongly encouraged to speak with the Course Coordinator and/or Student Experience Officer / Manager.

Students may apply for a leave of absence or deferral under extenuating circumstances such as illness, injury or other compelling personal reasons that are negatively impacting their studies and subjected to the following conditions.

- A leave of absence or deferral may be granted for up to 12 months, once during the course.
- Students are automatically re-enrolled at the end of the leave of absence.
- Students are not required to re-apply to the course.

International students should be aware of their visa conditions and the effect that course modification may have on their enrolment and consequent visa requirements. LEA shall take into account the impact of an international student's application on their visa when evaluating applications.

### YOUR PERSONAL AND LEA COURSE DETAILS

Title:	Family Name:	Given Names:
Date of birth: <input type="text" value="Click or tap to enter a date."/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Address:	Suburb:	State:
Country:	Postcode:	
Student ID:	Contact Phone Number:	Email:
Course Code:	Couse Name:	Course Coordinator:

Year of enrolment

Have you previously applied for suspensions at LEA  Yes  No?

### SUSPENSION DETAILS

I wish to suspend my studies from date:

I wish to return to my studies from date:



## REASONS FOR SUSPENSION

- Medical
- Overseas
- Other (Please Specify):

## STUDENT DECLARATION

Please read the statement below and check the box in acknowledgement.

- I have read the Course Modification and Tuition Fee Refund Policy and Procedures and understand the process [Policies And Procedures | lincolnau.nsw.edu.au](http://lincolnau.nsw.edu.au/PoliciesAndProcedures).
- Furnished all relevant supporting documentation
- Signed the declaration section in this form

Admissions Team  
Lincoln Education Australia  
Level 2, 191 Thomas Street, Sydney  
NSW 2000, Australia  
email: [admissions@lincolnau.nsw.edu.au](mailto:admissions@lincolnau.nsw.edu.au)

For any queries or assistance please contact the Admissions on +612 9072 9950.

We will endeavour to contact you as soon as possible regarding your application.

For further information, please refer to the LEA Course Modification and Tuition Fee Refund Policy and Procedures [Course Modification and Tuition Fee Refund Policy & Procedures](#) or contact the Course Coordinator and/or Student Experience Officer / Manager / Registrar.

I declare that the information provided by me is true and complete. I acknowledge that LEA reserves the right to confirm the information provided and may vary or reverse any decision regarding Leave of Absence on the basis of incorrect or incomplete information. I hereby give consent for LEA to contact my treating practitioner and/or other person or organisation named in any supporting document to confirm / clarify the information provided and for the practitioner or other person/organisation to provide information relevant to my request for Leave of Absence. I agree to provide a more specific consent to disclose any of the information provided, should this be required by the organisation.

Signed: \_\_\_\_\_

Due Date: \_\_\_\_\_



**Privacy Notification:** Personal information collected on this form will be used to process and investigate your application. The Institute will notify the Department of Education and Training via PRISMS as required under the ESOS Act 2000. The people who are directly involved in the process will have access to information about the form. This application and further communications that form part of the application will be stored securely at LEA. You have the right to request access to your personal information

For Office Use Only	
Date Received:	
Referred to:	Date Referred: