CHANGE OF ENROLMENT
Suspension Form - AEP

Student to complete	
Family name *(as shown in the passport)*:	
Given name(s) *(as shown in the passport)*:	
Student number:	**Date of birth:**
Current (NSW) address:	
Email address:	**Mobile phone:**
Current AEP Course:	**Future AEP Course:**
Future USFP course:	

New Degree choice at the University of Sydney (if packaged). Please refer to Change of Study Program Request Form attached: _____

I am applying for Suspension from _____, returning on _____ (insert dates)

Please select one of the following reasons:

☐ Personal / medical / health reasons

☐ Family health issues

☐ Other *(Provide details in the written parental permission)*:

I have provided the following supporting documents* with my application:

☐ Medical certificate (if applicable)

☐ Air ticket (required for student visa holders who are not changing to a different provider and who are leaving the country)

☐ Written parental permission (required for students under 18 years old)

- ** Your application will **NOT** be processed if required documents are not provided. Documents can be emailed to taylorsstudenthelp@navitas.com*

Student declaration

☐ I understand that the suspension of enrolment may affect my current visa.

☐ I am giving written consent to The University of Sydney and the College to check my visa status and conditions in VEVO, the Visa Entitlement Verification Online system provided by the Department of Home Affairs (DHA)

Student's signature _____ Date: _____

Navitas Australia Pty Limited trading as Taylors College Sydney, CRICOS Provider Code 01682E
Student Change of Enrolment - Suspension form – V1.2, 09/2024

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OFFICE USE ONLY		
Finance Officer (or Delegate) to complete		
Fees paid:	**Fees due/overdue:**	
Comments:		
Finance Officer's (or Delegate) signature _____ **Date:** _____		
Student Records Administrator to complete		
Tick the following if received: ☐ Reasonable proof to support compassionate or compelling circumstances ☐ Air ticket (sighted) - flying out on: _____ ☐ Written parental permission **Last day at the College: ___ / ____ /_____**		
College Director (or Delegate) to complete		
Has the student attended 6 months of the academic course?	Yes ☐	No ☐
Are there exceptional circumstances?	Yes ☐	No ☐
Is the student being suspended for misconduct?	Yes ☐	No ☐
Refund due?	As per refund policy ☐	No ☐
Comments:		
College Director's (or Delegate) signature: _____ **Date:** _____ / _____ / _____		