



**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		Date	

**For Office Use Only**

Outcome	<input type="checkbox"/> Resumption Granted <input type="checkbox"/> Resumption Not Granted		
Information entered in PRISMS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of the Authorizing Officer		New End Date	
Signature of the Authorizing Officer		Date	

**Units to be completed (to be filled by Academic Coordinator)**

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