



**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		Current 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 COE End Date	
Signature of the Authorizing Officer		Current Date	
Units to be completed (to be filled by Academic Coordinator/ RTO Manager)			
Unit Code – Unit Title	Start Date	Unit End Date	Trainer/ Assessor

*Add rows as required*