QMS115_03 – BREAK IN STUDY APPLICATION

Student details

Name _____

Student Number _____

Contact numbers home _____work_____mobile_____

Details of request

Course code _____Course title _____

Please identify units/modules you have commenced that you are now seeking a break in study for:

Unit Code	Unit title	New end date requested

Reason for request (Please attach any documentary evidence to support your application)

Student's signature

_____ Date _____

Please note: Any existing billing plan remains unchanged unless you contact AcademicAdmin@chisholm.edu.au to vary your payment schedule.

Chisholm Institute use only – Application approval by Education Manager 2 or higher

Signature _____ Date _____

Manager Name _____

Document Control
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