



Course Resumption Form

This form is to be completed by students resuming their course after an approved deferral period. Please ensure all sections are completed and submit to Student Services before your intended return date.

Section 1 - Student Details

Full Name:

Student ID:

Email Address:

Phone Number:

Date of Birth:

Course Name:

Course Start Date:

Section 2 - Deferral Details

Original Course Start Date:

Deferral Start Date:

Deferral End Date:

Section 3 - Resumption Details

Course Resumption Date:

Have your contact details changed?

☐ Yes

☐ No

Residential address:

If yes, please provide details below:

Street Number: _____

Street Name: _____

Suburb: _____

Post Code: VIC _____

Section 4 - Student Declaration

I declare that the information provided on this form is true and correct. I understand that resuming my course means I must comply with Victorian Skills College's attendance, academic progress, and code of conduct policies.

Signature:

Date:

Section 5: Office Use Only

Received by:

Date Received:

Resumption is granted

☐ Yes

☐ No

If No, Reason:





If resumption granted expected last date of course:			
Approved by:			
New CoE Required	☐ No	☐ Yes	
If Yes, CoE issued to student	☐ Yes	☐ No	Date:
SMS Updated	☐ No	☐ Yes	
Updated By:			Date:
PRISMS Updated	☐ Yes	☐ No	
Updated By:			Date:

