



Australian National
Institute of **Business
and Technology**

CRICOS: 02056B RTO: 21368

Suspension Return Form

Student Name: _____ Student Number: _____

Course: _____

Phone: _____ Email: _____

Student Signature: _____ **Date:** _____

IMPORTANT: Please make an appointment to see the Student Services Manager as soon as possible. Please bring this form to that appointment so the subsequent sections of this form can be completed. Please note: you cannot recommence classes until this form has been approved.

Approved Suspension period:

Start date: _____ End Date: _____

Academic Strategy:

Allocated class group: _____

Date classes to recommence: _____

New anticipated course end date: _____

Fees applicable Yes/No: _____

Student Services Coordinator

Signature: _____ Date: _____

Please submit this form to ANIBT Reception, located on Level 7, 474 Flinders Street, Melbourne VIC 3000, Australia.
Tel: 61-3-9620 2922 Fax: 61-3-9620 2933 Email: info@anibt.vic.edu.au Web: www.anibt.vic.edu.au