Notification of Suspension of Studies

Student Name: _____

Student Address: _____

Employer Name: _____

Training Consultant's Name: _____

Course: _____

I wish to suspend my studies with TLC Training Solutions.

This will take effect on ____ / ____ / ____ and recommence on ____ / ____ / ____.

Total time of suspension will be _____ months. (A suspension will only be granted for up to 3mths)

I am suspending my studies for the following reason/s:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I understand my employer will be notified of my notification of suspension.

Student Signature: _____ Date: ____ / ____ / ____

Once TLC Training Solutions has received this form, it will be processed and you will receive a letter regarding your suspension. Once your time of suspension is complete, we will call you to discuss re-commencement of your studies and develop a new training plan.

Please return this form to TLC Training Solutions
PO Box 508 Browns Plains BC QLD 4118
Or to your Training Consultant

Office use only	*Tick*	*Staff Initial*	*Date completed*
Notification of Suspension of Studies received	□	_____	____ / ____ / ____
Suspension of Studies updated on database	□	_____	____ / ____ / ____
Letter of suspension sent to student	□	_____	____ / ____ / ____
Letter of suspension sent to employer	□	_____	____ / ____ / ____

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