



# Australian College of Culinary and Management

RTO -45886-CRICOS-04038J

## Course Resumption Form

### Personal Details:

Student ID: CNY3000 \_\_\_\_\_ DOB (DD/MM/YY) \_\_\_/\_\_\_/\_\_\_

Student First Name \_\_\_\_\_

Student Middle Name \_\_\_\_\_

Student LastName/familyName \_\_\_\_\_

Mobile Number \_\_\_\_\_ Email: \_\_\_\_\_

### Address:

Street No and Name: \_\_\_\_\_

Subarb: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

### Student Declaration:

Please list the program(s) which you wish to resume.

Course Code \_\_\_\_\_

Course Name \_\_\_\_\_

CoE Number \_\_\_\_\_

Leave of Absence was effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Signature : \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

### Office use:

Resumption is Granted  Resumption is not Granted

Name of the authorising Staff Nme: \_\_\_\_\_

Signature Of authorizing Staff \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Save this form to student admin file :

### Comments If any:

---

---

---

---

---

---

---

---

---

---

You can visit: <https://www.accm.vic.edu.au/policies>