

# SUSPENSION RETURN FORM



AUSTRALIAN  
LEADING  
INSTITUTE OF  
TECHNOLOGY

Student Name	:	<input type="text"/>
Student Number	:	<input type="text"/>
Date of Birth (dd/mm/yyyy)	:	<input type="text"/>
Course	:	<input type="text"/>
USI Number	:	<input type="text"/>
Email	:	<input type="text"/>
Phone Number	:	<input type="text"/>

<hr/>	<input type="text"/>
Student Signature	Date

## ALIT OFFICE USE ONLY:

Approved Suspension period:	<input type="text"/>		
Start Date:	<input type="text"/>	End date:	<input type="text"/>

Academic Strategy:	<input type="text"/>
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New Class Group	:	<input type="text"/>
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Course Date	:	<input type="text"/>
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Course End Date	:	<input type="text"/>
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Fees Applicable	:	<input type="text"/>
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Student Services Officer Signature	Date