



Australian College of Culinary and Management  
**ACCM**

# Australian College of Culinary and Management

RTO -45886-CRICOS-04038J

## Course Resumption Form

### Personal Details:

Student ID \_\_\_\_\_ DATE OF BIRTH (DD/MM/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Student Last Name/family Name \_\_\_\_\_

Address:

Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

### Student Declaration:

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

Course name and Code \_\_\_\_\_

CoE Number / Student ID \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office use:

Resumption is Granted  Resumption is not Granted

Name of the authorising Staff \_\_\_\_\_

Signature Of authorising Staff \_\_\_\_\_ Date \_\_\_\_\_

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