



## REQUEST/CHANGE OF BREAK FORM

All questions must be answered and details filled in, if not applicable please mark N/A.

Email to [admissions@casstraining.com.au](mailto:admissions@casstraining.com.au) or [info@casstraining.com.au](mailto:info@casstraining.com.au)

STUDENT DETAILS			
Full Name		Student ID No:	
Address			
E-mail Address		Mobile:	
Current Break Dates	From	to	
New Break Dates	From	to	
Reason			
<input type="checkbox"/> I do not want to add more weeks at the end of my course <input type="checkbox"/> I want to add ___ weeks at the end of my course and finish classes on ___ / ___ / ___ <input type="checkbox"/> I agree to pay the fee involved Signature: _____ Date: ___ / ___ / ___			

OFFICE USE ONLY		
<input type="checkbox"/> Approved	Date of Approval:	Approved by:
<input type="checkbox"/> Not Approved	Date of Refusal:	Refused by:
If not approved (reason/s):		