



International Students Intermission or Reduced Study Load Supporting Documents Form

Intermission applications

- Medical or psychological grounds: Complete section A & B
- Non-medical grounds: Complete section A and attach supporting documents/evidence of the situation and impact.
- On grounds of family member's illness: Complete Section A and provide medical certificate from family member's doctor indicating student's need to return home/care for family member. Further information should be added to Medical or Health Professional further comments box in Section B.

Reduced Study Load applications

- Medical or psychological grounds: Complete section A & B
- Non-medical grounds: Complete section A, C and attach supporting documents/evidence of the situation and impact

*Note: Any separate supporting documents or certificates must be in English, or, if not in English, the original must be submitted with a certified translation.

Section A								
Student to complete.								
Date		Student ID						
First Name		Surname						
Preferred Name								
Please select the category you are applying for:								
Intermission (Select trimester by stating year.)		OR	Reduced Study Load (Select your preferred study load – minimum load required is 2 credit points. Please indicate year and number of credit points.)					
Year			Year					
Trimester 1 (Mar–Jun)			Trimester 1 (Mar–Jun)		2 cr. pts	<input type="checkbox"/>	3 cr. pts	<input type="checkbox"/>
Trimester 2 (Jul–Oct)			Trimester 2 (Jul–Oct)		2 cr. pts	<input type="checkbox"/>	3 cr. pts	<input type="checkbox"/>
Trimester 3 (Nov–Feb)		Trimester 3 (Nov–Feb)		2 cr. pts	<input type="checkbox"/>	3 cr. pts	<input type="checkbox"/>	
STUDENT STATEMENT								
Reasons for application: In your own words, describe the circumstances and impact it has had on your studies.								



Section A continued

ACKNOWLEDGMENT OF IMPACT

Students undertaking a period of intermission or a reduced study load may only do so under circumstances which are classified as compassionate and/or compelling and which are beyond the student's control. These circumstances must have a significant impact on the student's course progress or personal wellbeing (The ESOS Act, National Code of Practice, Standard 9).

A period of intermission or reduced study load is likely to result in the student having to extend their student visa and Confirmation of Enrolment (CoE). New visa grants are subject to the Department of Home Affairs approval and are considered on a case by case basis. If you have questions about your visa, you should visit the Department of Home Affairs website or seek professional advice.

STUDENT DECLARATION AND CONSENT TO SHARE INFORMATION

I declare that the information provided by me is true and complete. I have read and understood the criteria for intermission or reduced study load and believe that my application is made on valid grounds.

I acknowledge that Deakin University reserves the right to verify the information provided and may review, vary or reverse any decision regarding intermission or reduced study load on the basis of incorrect or incomplete information provided. I acknowledge that I may be subject to disciplinary action by Deakin University if the information I provide is false, altered or misleading.

I consent to Deakin University contacting any person named in my application (including my treating health practitioner) to verify or clarify the information provided. I consent to any person or organisation so contacted to provide Deakin University with information relevant to my request for intermission, and that this form (signed by me) can be used by Deakin University as evidence of my consent.

I understand I may be asked to provide a more specific consent to disclosure of information should this be required.

I am aware of my student visa conditions and understand that taking intermission or a reduced study load may have visa implications. (<https://www.homeaffairs.gov.au/trav/stud/more/visa-conditions/visa-conditions-students>).

I also understand that this information will be retained by Deakin University and will form part of my student record.

Signed

Date



Section B

Medical or other health professional to complete. If you have issued the student with a separate letter or certificate, you MUST still also complete Section B.

If your registered medical practitioner is not in Australia you must attach the original and certified English translation of the Medical Certificate or hospital letter with this form instead.

Information for practitioner: Reduced study load and intermission is intended for acute illness / condition, increased severity of chronic illness or extraordinary circumstances.

MEDICAL or HEALTH PROFESSIONAL DETAILS eg. Psychologist and Counselling staff

Name of Practitioner		Phone number	
Address		Consult Date	
Practice Stamp or Registration number			

ASSESSMENT OF STUDENT

Student has been diagnosed with			
Student is experiencing			
Will student's symptoms/condition last for more than 14 days?	Yes		No

DEGREE OF IMPACT – please select from below.

No Impact	This is a manageable situation with little to no effect on the student's ability to study or attend classes.
Mild	Situation has caused some discomfort and/or disruption to study but student would still be able to seek treatment while continuing study. Eg. Suffering from stress related symptoms and may miss a class or two.
Moderate	Situation has caused considerable discomfort and/or disruption. Students ability to study may be affected to some degree. Eg. Students situation may cause ongoing issues but with a plan and support, is manageable.
Severe	Situation has caused disruption to study and has severely impacted the student's ability to either attend classes or complete work. Eg. Hospitalisation or bedridden for an extended period.

Is this a part of an ongoing treatment plan?	Yes		No	
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MEDICAL or HEALTH PROFESSIONAL RECOMMENDS – please select where applicable.

Intermission (Select trimester by stating year.)		OR	Reduced Study Load – full time study is 4 credit points (usually 4 units) (Recommended study load – minimum load required is 2 credit points. Please indicate year and number of credit points.)					
Year			Year					
Trimester 1 (Mar–Jun)			Trimester 1 (Mar–Jun)		2 cr. pts	<input type="checkbox"/>	3 cr. pts	<input type="checkbox"/>
Trimester 2 (Jul–Oct)			Trimester 2 (Jul–Oct)		2 cr. pts	<input type="checkbox"/>	3 cr. pts	<input type="checkbox"/>
Trimester 3 (Nov–Feb)			Trimester 3 (Nov–Feb)		2 cr. pts	<input type="checkbox"/>	3 cr. pts	<input type="checkbox"/>



MEDICAL or HEALTH PROFESSIONAL – further comments.

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Medical or Health Professional signature

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