

# International students intermission or reduced study load supporting documents form



## Intermission applications

- **Medical or psychological grounds:** Complete section A & B
- **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.
- **Academic offerings as a result of academic progress issues e.g. student does not have unit/s to study in a compulsory period:** Complete Section A
- **Non-medical, or other, grounds not outlined above:** Complete section A and attach supporting documents/evidence of the situation and impact.

## 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

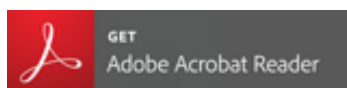
\*Note: Any separate supporting documents or certificates must be in English, or, if not in English, the original must be submitted with a certified translation.

## Signing your PDF document with a digital signature

**This form must be submitted as a digital PDF.**

To sign Section A, please click the gray field under 'Student signature' on page three. You will then receive an option to sign with your Digital ID. If you require assistance managing your digital ID in Adobe, please follow the [instructions online](#).

This document will be locked when Section B is digitally signed by a medical or health professional. Please ensure you have completed, and signed, Section A before Section B is signed as you will no longer be able to edit this document.



Please use Adobe Acrobat Reader to fill out and securely sign this form.

You can [download Adobe Acrobat Reader](https://acrobat.adobe.com/au/en/acrobat/pdf-reader.html) for free at [acrobat.adobe.com/au/en/acrobat/pdf-reader.html](https://acrobat.adobe.com/au/en/acrobat/pdf-reader.html)

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## Section A

Student to complete.

### Personal details

Student ID number

Date of birth

Title

Family name

Given names

### Application type

Please select the category you are applying for

#### Intermission

	Select your trimester by indicating the year.	Select the trimester you wish to return by indicating the year.
Trimester 1 (March - July)	Year	Year
Trimester 2 (July - November)	Year	Year
Trimester 3 (November - March)	Year	Year
Do you intend to enrol in units in T3 of the current year?	Yes	No

#### Reduced study load

Select your preferred study load – minimum load required is 2 credit points.  
Please indicate year and number of credit points.

Trimester 1	Year	2 credit points	3 credit points
Trimester 2	Year	2 credit points	3 credit points
Trimester 3	Year	2 credit points	3 credit points

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## Section A (continued)

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### Student statement

In your own words, describe the circumstances and impact it has had on your studies.

If your intermission is approved, where will you submit your Visa extension application?

**Note: You must select one.**

In Australia

Overseas

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## Section A (continued)

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### 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. consent to any person or organisation that is 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-conditionsstudents>).

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

Student signature

Date

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## Section B

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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

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

**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.

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## Section B (continued)

### Medical or health professional recommendation

Please select where applicable

#### Intermission

Select the trimester by indicating the year.

Trimester 1 (March - July)                      Year

Trimester 2 (July - November)              Year

Trimester 3 (November - March)          Year

#### Reduced study load

**Full time study is 4 credit points (usually 4 units).**

Recommend study load – minimum load required is 2 credit points.

Please indicate year and number of credit points.

Trimester 1	Year	2 credit points	3 credit points
Trimester 2	Year	2 credit points	3 credit points
Trimester 3	Year	2 credit points	3 credit points

Treatment plan or further medical or health professional comments

### 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).

Medical or health professional signature

Date

This PDF will lock and become read only once this field is signed.

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## Section C

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### Other support (for reduced study load only)

To be completed by Academic staff, Faculty staff, other support staff within the university or in some cases external.

Name

Phone number

Email address

Position

Organisation

Date/s met with the student

Please describe your reasons for recommending a reduced study load for this student. If the period of reduced load differs from the students request (Section A) please advise your recommendation.

Academic, faculty or support staff signature

Date

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Deakin University is collecting your personal and health information on this form for the primary purpose of assessing your application for Enrolment Variation. It will also use this information for verifying the information provided, administering your enrolment changes and any ancillary purposes within Deakin. For these purposes Deakin may also provide this information to external parties you have identified in your application and also the Government of the Commonwealth of Australia most particularly the Department of Home Affairs who may need to be advised of conditions impacting your visa. You are not required to provide the information requested, however if the information is not provided, Deakin may not be able to process your application. Deakin manages personal information it holds, including requests by individuals for access to their personal information, in accordance with the Privacy and Data Protection Act 2014 (Vic). Deakin's Privacy Policy may be viewed on The Guide. Information on privacy at Deakin is available at <http://www.deakin.edu.au/footer/privacy>. Questions about privacy may be directed to the Privacy Officer on (03) 5227 8524 or by email to [privacy@deakin.edu.au](mailto:privacy@deakin.edu.au).