



College of Health Environmental and Safety Studies

A member of the CHESS Group of Companies

TERMINATION/SUSPENSION FORM

Termination/Suspension of Programme

Student Information

Student Name: _____

Student Number: _____ Programme: _____

Address: _____

Contact information: (home): _____ (work): _____ (cell): _____

Email address: _____

Location of training: _____

Duration of Programme: _____

State whether GATE APPROVED: YES NO

Termination/Suspension Information

Complete where applicable

Reason for Termination/Suspension

Sick Vacation Bereavement Maternity

Other

Dates of Suspension:
From: _____ To: _____

Effective Date of Termination: _____

Details of reason for termination/suspension (where applicable): _____

Other than sick leave/emergency, this form must be completed, signed and submitted to the College at least two (2) weeks prior to the commencement of your termination/suspension.

Student Signature

Date

Management Approval

Approved

Date:

Rejected

Date:

Comments:

Management Signature

Date