



**RSL and Suspension Support Form- International student visa holder only**

**PART 1. STUDENT DETAILS — STUDENT TO COMPLETE PRIOR TO CONSULTATION WITH HEALTH PROFESSIONAL**

Your Macquarie student identification number

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**Family Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I am applying for: [Reduce Study Load \(RSL\)](#)  [CoE Suspension of Studies](#)

I acknowledge that Macquarie University reserves the right to verify the authenticity of the documentation with my Health Professional and will conduct regular audits. I may be required to present an original hardcopy of documentation and I could be asked for this at any time up to 6 months from submission. I understand that if this documentation is alleged to be fraudulent, I may be referred for disciplinary action.

*Student Signature* \_\_\_\_\_ *Student Signature* \_\_\_\_\_ Date: DD / MM / YY

**IMPORTANT INFORMATION**

[Student Visa Conditions](#)

**Confirmation of Enrolment (CoE) Suspension of Studies**

In accordance with the Australian Government requirements international students holding a student visa can temporarily suspend their studies in certain limited circumstances (compelling or compassionate), during the course through a formal agreement. Under Macquarie University's agreement you must complete a [CoE suspension application](#) form and attach the required documents.

**Suspending or cancelling your Confirmation of Enrolment (CoE) may affect your student visa.** Should your suspension be approved you must contact the [Department of Home Affairs](#) to ask about your student visa status.

**Reduce Study Load (RSL)**

[National Code 2018](#) requires International Student Visa Holders to complete their course within a set period of time specified on their CoE.

Please be aware that by reducing your study load:

- you may be required to extend your program and study visa (if by reducing your study load you will not complete your program by your student visa end date).
- students are responsible for any out of pocket costs in relation to the extension of study, for example living, study and visa related costs
- students are responsible for their visa and therefore are responsible for visa renewal

**HEALTH PROFESSIONAL TO COMPLETE ALL FIELDS BELOW**

**PART 2. CATEGORY OF HEALTH CONDITION**

Date of Consultation DD / MM / YYYY other consultation dates \_\_\_\_\_

I have consulted with *Student Name* \_\_\_\_\_ and in my opinion, they have a:

This impacted or will impact their study from: DD / MM / YYYY to: DD / MM / YYYY

**PART 3. IMPACT OF CONDITION**

**Health Professional's opinion regarding impact on student's capacity to study**

Fit to study  Limited ability to study  Unfit to study  Unable to assess impact

**Please print a professional opinion on how the circumstances impacted the student's ability to study.**

\* Where a student is applying to reduce study load please provide an opinion on why the student is/was able to complete some units and not others in the same study period.

**PART 4. VERIFICATION DETAILS**

Professional's Name:

Provider or Registration Number:

Practice Email:

Stamp of Professional Authority

*Health Professional Signature*  
*Health Professional Signature*

Date: DD / MM / YYYY