## F-95 Return from Suspension Form



STUDENT DETAILS							
Student Name:							
Date of Birth:			Studer	nt ID:			
Full Address:							
Phone:			Email:				
COURSE DETAILS:							
Course Code and Name							
CoE Number							
Student Signature:					Date:		

For Office Use Only								
Student provided with a new study		Yes		PRISMS Commenced		Yes		
plan?		No				No		
		NA				NA		
Date of Provision:				Date of				
				Commencem	ent			
Student provided with an updated payment plan?				Payment plan updated by				
Processing Staff Name		Signature			Date			

PAX Institute of Education Pty Ltd T/A PAX Institute of Education	CRICOS No: 03152D	RTO No: 22207	www.pax.edu.au			
Address: 16/190 Queen Street, Melbourne VIC 3000, Australia	Tel: +61 3 9041 3466	Fax: +61 3 9041 3467	Email: info@pax.edu.au			
F - 95 PAX Student Return from Suspension Form   Version 01.0   Last Reviewed: November 2024   Not controlled when printed   Page 1 of 1						