

Personal Details	
<b>Student Identification Number</b>	
<b>Surname</b>	
<b>Given Name(s)</b>	
<b>Personal Email address</b>	
<b>Contact Tel. No.</b>	(Home) _____ (Mobile) _____
<b>Postal Address</b>	
<b>Course</b>	
<b>Commenced course in</b>	_____ (month) _____ (year)
<b>Last enrolled in:</b>	_____ (indicate year)

I wish to resume my studies at ACPE in

Semester 1, \_\_\_\_\_ (insert Year as YYYY)  
 Semester 2, \_\_\_\_\_ (insert Year as YYYY)  
 Summer School \_\_\_\_\_ (insert Year as YYYY)

Please send me information regarding enrolment to the email address above.

I understand that the course structures may have changed since I commenced my course and I must seek academic advice from the Head of Department regarding my re-enrolment. I further understand that there is a maximum length of period applicable to my course enrolment and that this is stipulated in the Academic Progression Policy available on the ACPE website.

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SUBMISSION**

Submit the signed form (a) by mail to ACPE Locked Bag 2000, Concord West NSW 2138, or  
 (b) by email of the scanned document to [studentservices@acpe.edu.au](mailto:studentservices@acpe.edu.au) or  
 (c) in person to ACPE Front Desk staff at 10 Parkview Drive, Sydney Olympic Park.

**PRIVACY STATEMENT:** The information you provide on this form is bound by the ACPE Student Privacy Policy. This information is collected and held by the ACPE for administrative purposes and activities associated with your enrolment. The ACPE will not disclose your personal information without your consent and without due cause, except as required by law, Government regulations or for the normal operational activities of the College.

*Office Use Only: (Staff to initial:) Student system updated \_\_\_\_\_ IT, Library, CDO notified \_\_\_\_\_*