



Educating for Excellence

Australian Ideal College

Registered as Australian Ideal College Pty Ltd
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Special Leave Request Form

Family name _____ Given names _____
Student ID _____ Date of birth _____ Phone _____
Address _____ Email _____

PART A: CURRENT COURSE DETAILS

General English
English for Academic Purposes
Certificate III in Accounts Administration
Certificate IV in Accounting and Bookkeeping
Diploma of Accounting
Advanced Diploma of Accounting
Diploma of Interpreting
Advanced Diploma of Translating
Certificate III in Business Administration
Certificate IV in Business Administration

Diploma of Leadership and Management
Advanced Diploma of Leadership and Management
Graduate Diploma of Management (Learning)
Certificate IV in Project Management Practice
Diploma of Project Management
Diploma of Hospitality Management
Advanced Diploma of Hospitality Management
Diploma of Travel and Tourism Management
Advanced Diploma of Travel and Tourism Management
Diploma of Community Services

Start date ____/____/____

Finish date ____/____/____

PART B: REQUEST

I would like to apply for

Leave for _____ weeks starting from ____/____/____ to ____/____/____

Briefly describe the reasons: _____

Supporting documents provided _____

Declaration: I declare that I have read and understood the terms and conditions of the Special Leave Request on the Terms and Conditions of Enrollment, and I declare that to the best of my knowledge all the information supplied on, and with, this special leave request form is true and complete. I have read and acknowledged that regular holidays are scheduled for students throughout the year by the College. Requests for special leave outside the set holidays will only be approved under compassionate and compelling circumstances. Special leave request must be submitted together with supporting documents. Fees continue to be payable while on leave. I also agree to abide by the terms and conditions of enrollment and agree to extend my course at any additional expense to cover all classes and assessments missed.

Student's Signature _____

Date ____/____/____

OFFICE USE ONLY:

Received by _____ (Staff Name)

Date ____/____/____

Outcome: Approved Approved with conditions Refused

Comment: _____

Signature of Director of Studies _____

Date ____/____/____