

LEAVE OF ABSENCE APPLICATION FORM

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections

STUDENT DETAILS			
Family Name:		ST ID No:	
Given Name(s):		Date of birth:	
Postal Address:		Post Code:	
Preferred Email:		Mobile No:	
Currently Enrolled Course (please tick ✓):			
<input type="checkbox"/> BSB40120 Certificate IV in Business <input type="checkbox"/> BSB50120 Diploma of Business <input type="checkbox"/> BSB60120 Advanced Diploma of Business <input type="checkbox"/> BSB40820 Certificate IV in Marketing & Communication <input type="checkbox"/> BSB50620 Diploma of Marketing & Communication <input type="checkbox"/> BSB60520 Advanced Diploma of Marketing & Communication <input type="checkbox"/> BSB50820 Diploma of Project Management <input type="checkbox"/> BSB60720 Advanced Diploma of Project Management		<input type="checkbox"/> ICT40120 Certificate IV in Information Technology <input type="checkbox"/> ICT50220 Diploma of Information Technology <input type="checkbox"/> ICT60220 Advanced Diploma of Information Technology <input type="checkbox"/> RII60520 Advanced Diploma of Civil Construction Design <input type="checkbox"/> BSB80120 Graduate Diploma of Management (Learning) <input type="checkbox"/> CHC33021 Certificate III in Individual Support <input type="checkbox"/> CHC43015 Certificate IV in Ageing Support <input type="checkbox"/> CHC43121 Certificate IV in Disability Support <input type="checkbox"/> CHC52021 Diploma of Community Services <input type="checkbox"/> General English <input type="checkbox"/> IELTS Preparation	
DETAILS OF REQUESTED ABSENCE			
Start Date:		End Date:	
Recommencement date:			
Reason for absence (please tick ✓):			
<input type="checkbox"/> Death in the family (Death Certificate) <input type="checkbox"/> Family member has serious or severe illness (Overseas Doctor Certificate) <input type="checkbox"/> Medical reason (attach Certificate)		<input type="checkbox"/> Involved in legal or court action <input type="checkbox"/> Victim of serious Crime (Police report) <input type="checkbox"/> Pregnant (Australian Doctor Certificate) <input type="checkbox"/> Other reason:	
Details:			

Is any supporting document provided? Yes No

DECLARATION

I _____ (full name) declare that all the information I have given above is correct and complete. I confirm that I have read all the terms and conditions and agree to abide by those rules and any subsequent amendments. If any information is false or has been withheld, I accept that this may cause rejection of my request and/or further consequences.

Students Signature: _____ **Date:** _____

CONDITIONS

- Students must have compassionate and compelling reasons supported by relevant evidence.
- Requests requiring longer periods of absence must be submitted as suspension request.
- All cases will be assessed individually.
- As a result of approved leave of absence, students might fall behind in their course progress. Therefore, students might be required to attend extra classes to keep up with their course progress.
- In cases where students cannot keep up with the course progress after approved leave of absence, they might be required to extend their CoEs to complete the course.
- If ACA concludes that student's course progress will be affected in a way that cannot be compensated within the period of current CoE, students might be required to apply for suspension regardless of duration which will affect their CoE. In those cases, students might be subject to extra fees, such as CoE variation fee, tuition fee etc.
- If their leave of absence is approved, students' attendance during leave period will not be included in the calculation of attendance for study period affected.
- If a leave of absence is granted, the students' payment schedule remains unchanged.

OFFICE USE ONLY

Date Request Received:		Approval Granted: RTOM Updated:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
Comments/Strategies:				
Name:		Date:		
Position:				
Signature:				