

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"/>):			
<input type="checkbox"/> General English <input type="checkbox"/> IELTS Preparation <input type="checkbox"/> EAP			
DETAILS OF REQUESTED ABSENCE			
Start Date:		End Date:	
Recommencement date:			
Reason for absence (please tick <input type="checkbox"/>):			
<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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.
- 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"/> Yes	<input type="checkbox"/> No
Comments/Strategies:						
Name:		Date:				
Position:						
Signature:						