



Application for Leave of Absence

Part A : Student Details

Student Name:	
Student ID:	
Phone Number:	
Email:	
Course Name:	
Course Start Date:	
Course End Date:	

Part B : Details of Leave of Absence

Leave of Absence Start Date:		Leave of Absence End Date:	
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Please Tick one box only (Original supporting documentation must be attached to this application)

- Serious illness
 Bereavement
 Visa
 Study
 Other personal reasons

**A supporting statement from the course coordinator confirming no unit availability or requisites not met.*

Part C : Academic Details (Trainers Only)

Trainer Name:	
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Academic Progress Details:

Approved Not Approved

Trainer Signature

Date

Part D : Student Declaration

- I have read and understood the guidelines on this form and have submitted appropriate original supporting documentation. I have sought advice from the Student support officer in relation to my student visa and the refund agreement. I understand the consequences of this application and accept responsibility to ensure my enrolment is correct.
- I am aware that if my enrolment is deferred, suspended or cancelled, this may affect my visa status. Therefore, I declare that I have been given the advice under possible consequences of deferring, suspending or cancelling my enrolment in regards to my visa implications.
- I have been advised of the Student Course fee refund policy.

Student's Signature:

Date

Office Use Only

Information for the Student Services

To be completed by student services/student support. Please note as required by the National Code 2018, international students must be in a position to complete within their expected course duration. A Leave of Absence can only be granted in the limited circumstances outlined on this form. A Leave of Absence for unsatisfactory progress purposes can only be approved where and intervention has been implemented.

Air Ticket Medical Documents Other Supporting Documents

Application Approved: Yes No

If the application is not approved a statement outlining the reasons why must be provided below:

Staff Name

Signature

Date

Student Services Officer Use Only

Date Processed Yes Date

Student advised in writing Yes Date