

Leave of Absence Form

PLEASE FILL IN ALL FIELDS ON THIS FORM

Note

- This form applies to students who wish to apply for a leave of absence (up to 4 weeks).
- Allow at least 7 working days from lodgement of a full application to be assessed and processed.
- The completed form should be submitted to the Course Coordinator of the relevant academic department.
- Students may be required to submit supporting evidence.

Section A – Student Details	
Student number:	
Family name:	Given names:
Mobile:	Email:
Visa type and subclass:	
Residential address:	
Section B – Course Details and Dates of Leave	
Current course:	Campus:
Requested start date:	Date of resumption:
Section C – Reasons for applying for Leave of Absence	
Please provide detailed reasons for your leave request:	
Section D - Student Declaration	
<ul style="list-style-type: none"> • I have read and understood the above note and relevant College policies. • I declare that the information provided is true and complete. • I acknowledge that the provision of incorrect information or the withholding of relevant information may delay the processing of my application. • I understand that it is my responsibility to seek advice from relevant authorities including the Department of Home Affairs about the possible impacts to my visa. 	
Signature of student:	Date (dd/mm/yy):
If the student is under 18, the form is to also be signed by the parent/guardian:	
Signature of parent/guardian:	Date (dd/mm/yy):

Office Use Only – Academic Department

Date application received:

Received by:

Application outcome: Approved

Rejected

Further comments (if required):