

## 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**

- 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 consent to the College contacting medical practitioners/any third parties for the purpose of verifying the information provided in this form and confirming the authenticity of the supporting evidence that I have provided.
- 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):