



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.

Student Details:	
Student number:	Given names
Family name:	Mobile:
Email:	Visa type and subclass:
Residential address:	
Course Details and Dates of Leave	
Current course:	
Requested start date:	Date of resumption:
Reasons for applying for Leave of Absence: Please provide detailed reasons for your leave request:	
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):		