


***Student Information**

First Name			Last Name		
Student ID			D.O.B	/ /	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others		Contact No		
Email Address					
Postal Address					
Suburb		State		Post Code	

Leave Type (Please Tick the appropriate box) and Specify the reason

<input type="checkbox"/> Holiday Leave	
<input type="checkbox"/> Sick Leave	
<input type="checkbox"/> Deferment	
<input type="checkbox"/> Suspension	

Please elaborate on your reason for leave request

Specify the dates in which you request to begin and conclude leave:

Start Date		End Date	
Length	Days		

Please provide the following in support of your leave request

☐ Return Ticket
 ☐ Evidence (*Explain evidence provided*)
 ☐ Filled Application Form

Evidence :

Are you travelling outside Australia?

☐ Yes ☐ No If Yes, Please specify which country:

If Yes, Please provide at least one method of contact:

Contact number		Email	
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Address:




Person of Contact
Within Australia:

Name:	Contact No:	Relationship:
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Overseas:

Name:	Contact No:	Relationship:
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Terms and Conditions

I, _____ hereby understand that as part of the International Students acceptance form, Refund Policy, it is solely my responsibility to maintain course progress and uphold my Payment Plan whilst on leave.

I understand that this suspension of deferment or leave of absence will be reported via PRISMS and may affect my Student Visa.

Student Acknowledgement

Signed		Date	
Print Name			

For Office Use – Application Received by

I hereby authorize for _____ (Name) to _____ days leave/deferment.

Name			
Signature		Date	

Intentionally Left Blank

