



Student Information			
Student Name		Student ID	
Email		Mobile no	
Course name			
Start Date		End Date	

Leave Request Details			
Type of Leave	<input type="checkbox"/> Personal <input type="checkbox"/> Medical <input type="checkbox"/> Compassionate <input type="checkbox"/> Other		
Reason for Leave:			
Supporting documents attached	<input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, please specify):		
Leave Start date		Leave End date	
Total number of days			

Student Acknowledgement

I, _____ hereby understand that as part of the International Students acceptance form, 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 Signature: _____

Date: _____



For Office Use Only

Evidence Submitted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of document		
Leave approved by		
Date		

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