

STUDENT LEAVE FORM

Student Details										
Student Full Name:					Student ID:					
Email address:						Mobile number:				
Address:										
Course name:							End date:			
Agent Name:										
Duration of leave (Sho	uration of leave (Short Leave only):									
Start of Leave:				Term:		Week:		Week:		
End of Leave:			Term:				Week:			
Will you be travelling overs	eas d	uring this time?:		Yes	No Total weeks of leave:					
Reason for temporary leave										
Evidence provided:	dence provided: Medical Certificate Flight Tickets		🗌 Ot	Other:						
 Notes: Student Leave is for a short period of time only. Extended leave must be requested using the 'Deferment and Suspension Request Form'. Leave can only be provided under compassionate and compelling grounds. If student fails to meet attendance or course requirements for any Unit of Competency, they will need to pay reassessment fees and attend catch up classes accordingly. Relevant evidence must be provided to complete your application. 										
Student signature								Date:		

*** OFFICE USE ONLY ***								
Outcome:	Approved Not Approved	Reason for Refusal:						
Payments:	Up-to-date Reassessment fees chargeable:							
Documents	Up-to-date	Flight tickets attached		Supporting evidence attached				
TEAMS:	Comments recorded	Leave Added		Leave letter sent				
Comments:								
Student Services	Signature:		Date outcome	e provided:				