

STUDENT LEAVE FORM

Student Name: _____ Student ID: _____
 Email address: _____ Mobile number: _____
 Address: _____
 Course name: _____
 Start date: _____ End date: _____
 Agent Name: _____

DURATION OF LEAVE: (Short Leave only)

Start of leave: _____ Term: _____ Week: _____
 End of Leave: _____ Term: _____ Week: _____
 Total weeks of leave: _____

Will you be travelling overseas during this time?: ☐ Yes ☐ No

Reason for temporary leave:

Evidence provided:

☐ Medical Certificate ☐ Flight Tickets ☐ Other: _____

Notes:

- Student Leave is for a short period of time only. Extended leave must be requested using the 'Deferment and Suspension Request Form'
- If student fails to meet attendance 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
Manager Signature:

Date outcome
provided:

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 You'll need Acrobat Reader (FREE DOWNLOAD <https://get.adobe.com/reader/>)