

LEAVE OF ABSENCE REQUEST FORM

PLEASE ENSURE YOU READ THE CONDITIONS OUTLINED BELOW BEFORE REQUESTING LEAVE.

The length of approved leave is to be strictly controlled in keeping with the reason for leave. Student must apply for approved leave in writing and submit supporting documentation e.g. medical certificate from a registered medical practitioner, death certificate and return air tickets.

If a leave is requested for more than 2 weeks, students will be required to defer their studies for the duration of the leave and reapply for their visa once their leave is over.

The College will notify the Department of Home Affairs (DHA). The College will approve leave only under exceptional compelling and compassionate circumstances and approval must be granted before leave takes place.

Examples of Circumstances where leave MAY be approved include:	Example of Circumstances where leave CANNOT be granted are follows:
<ul style="list-style-type: none">Hospitalization for an urgent operation/accident/giving birth.The passing away of a close relative.A natural disaster in your home country.	<ul style="list-style-type: none">You would like to take a vacation.You are going to a wedding.

STUDENT DETAILS

Date	<input type="text"/>	Student ID	<input type="text"/>
First Name	<input type="text"/>	Last Name	<input type="text"/>
Phone Number	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
Course Enrolled	<input type="text"/>		

APPLY FOR APPROVED LEAVE

Enter the dates for which you would like to request leave.

From	<input type="text"/>	To	<input type="text"/>
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REASON- Provide a valid reason for applying for leave. It must be specific e.g. details of medical evidence (Date, Nature of Illness, Doctor's Name, Registration Number and Qualifications) OR details of exceptional circumstances (How these are beyond your control).



EVIDENCE- List the evidence you will provide to the College to assist in determining whether approval for leave can be granted.

Signature

Name

Date

OFFICE USE ONLY

Received By

Referred To

Position

Position

Received Date

Referred Date

RECORD OF THE OUTCOME

☐ APPROVED

☐ REJECTED

Comment

Signature

Name

Position

Date

Informed Outcome By

Recorded Outcome By

Position

Position

Date

Date