

Leave of Absence Application Form

Leave of Absence Application Form		
CAMPUS : _____	MELBOURNE _____	ADELAIDE _____

Student Details

Name		D.O. B	
Contact Phone		Student ID	
Course Name		Last attended class date	

NOTE: Your requested leave of absence **MAY NOT EXCEED TWO CALENDAR WEEKS** in a designated study period. If compassionate or compelling circumstances require you to take longer leave, you must submit a **Deferral and Allowable Suspension of Studies** form.

Leave Required/Period	From _____		Total Number of Days
	To _____		
Reason(s) for taking Leave <i>(Please provide as much details as possible)</i> Note: Attach any supporting documents with this form as applicable			
During your leave, your status will be	<input type="checkbox"/> Onshore	<input type="checkbox"/> Offshore	
Student Declaration and Signature	<i>All the information I have provided in this form is true and accurate. I also understand that this leave of absence may impact your course progress.</i>		
	Signed: _____	Date: _____	

Office use only

Received by		Date: _____
Decision	<input type="checkbox"/> Leave Granted	From _____ to _____
	<input type="checkbox"/> Leave Not Granted	Reason: _____
Signature		Date: _____
Follow-up Action	If granted, forward the signed form to the Student Admissions Officer for an update of the student record. If declined, advise the student of the outcome in writing.	
Last Attended Class Date		Student Admin File Update: Notify the Student by Email: Leave of Absence Register Update: Updated on the PRISMS: