

## STUDENT LEAVE APPLICATION

### Section 1 – Student Details

Name:		Student ID:	
Contact Tel:		Mobile:	
Email:			
Course:		Date:	/ /

### Section 2 – Leave Details

Leave Start Date:	/ /	Leave End Date:	/ /
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Reason for Leave Request: (Attach evidence if required)


**IMPORTANT**

- ✓ Please note that if you miss out on more than half the classes of a whole unit, you may be rescheduled to complete the unit at a later date and incur additional fees. This may affect the end date of your COEs
- ✓ Please note that if the applied leave is for more than 2 weeks (14 days) during the scheduled term. A deferral may be required.
- ✓ It is your responsibility to attend and participate in any additional classes and complete assessments you may have missed as required by your lecturer.
- ✓ Please refer to the Cancellation, Deferment, and Suspension Policy.

Student Signature:		Date:	/ /
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### Admin Use Only

Received By:		Date:	/ /
Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:	

Comments:
