

## LEAVE OF ABSENCE FORM

### Student Details

Student Name:		Student ID Number:	
Phone Number:		Email Address:	
Current Address:			
Current Course of Study:			
Type of Leave:	Leave of Absence during term: <input type="checkbox"/>		
Leave of absence from: _____ to: _____	Agree to return to the College on: _____		

### 1. Emergency Contact

Name:	Relationship:
Phone number:	

### 2. Reason for leave request

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Please attach all relevant evidence to support your request

<input type="checkbox"/>	Medical Certificates	<input type="checkbox"/>	Flight ticket	<input type="checkbox"/>	Other: _____
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This application will be assessed once all documentation has been received. The college may ask for more documentation if required. Applications are usually processed within 10 working days. You must pay your scheduled tuition fees during your leave of absence. Please contact the academic department for support with your scheduled assessments.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY:

Fully paid:	Yes	No	Leave of absence: approved:	Yes	No	Date:
Other comments:						
Entered into RTOm?	Yes	No	Date:			
Emailed Student:	Yes	No	Date:			
Staff Signature:				Date:		