

STUDENT LEAVE OF ABSENCE FORM

This form should be used if you are intending to seek approval for leave/absent from class for 2 consecutive days for full-time students and 2 consecutive classes for part-time students.

- Length of leave of absence:** Leave of absence is usually approved for periods from 2 days to up to a maximum of 4 weeks at any one time.
- Submitting this form:** For your leave of absence to be considered and approved you must submit this form to your Course Coordinator at least 10 days prior to the first date of leave.
- Leave approval:** You are not entitled to take a leave of absence from your course unless you have received notification in writing from your Course Coordinator.

APPLICATION FOR LEAVE OF ABSENCE	
Given Name:	Surname:
Student ID:	Course:
Email:	Mobile:
Date leave will start:	Date of return to Campus:
Date:	Subject name of classes / Assessment tasks to be missed –attach a separate sheet if required
Please advise the reason for your leave application:	
I wish to take leave of absence during my course due to: <input type="checkbox"/> Work commitments <input type="checkbox"/> Sick or compassionate leave <input type="checkbox"/> Overseas travel <input type="checkbox"/> Other – please specify _____ You are required to submit documentation such as medical certificates, travel itinerary, letter from employer from work that are relevant to your application.	

It is expected that a minimum of **80%** attendance across a study term is required for satisfactory completion of course requirements. Please see your Course Coordinator your leave application puts you in jeopardy of not meeting course requirements.

I declare that the information I have provided is correct and complete:

Student Name _____ **Signature** _____ **Date** _____

Approved by _____ **Signature** _____ **Date** _____