

STUDENT APPLICATION FOR LEAVE FORM

This form should be used if you are intending to seek approval for leave/absent from class for 5 or more consecutive days, if you expect to miss the start of any study period, or if you are an Overseas student under 18 years of age and you will be travelling overseas during regular study breaks. Please submit the completed form to Student Services for processing.

If you need to be absent for an extended period and are unable to maintain your course progression, you may need to defer your studies in this instance please complete the Application for Deferral form. Please refer to the Attendance Monitoring Policy and Procedure, Academic Progression Policy and Procedure, Admissions and Enrolment Policy and Procedure and the Deferral Policy and Procedure for details on www.think.edu.au/policiesandforms

Instructions:

1. Complete the first section below with your leave details and attach any supporting documentation
2. Speak with all of your Lecturers to ensure you are able to maintain your course progression during an approved absence. If you are an Overseas student travelling overseas during regular study breaks and you do not plan on missing any classes you may skip this section

PERSONAL DETAILS

Family Name: (Surname) First Name:

Student ID #: Course:

LEAVE REQUEST *(please complete the date range for leave and tick the most appropriate answer)*

| | | | | | |
|---|---|--------------------------|---|--------------------------|---|
| Date your leave will start | / / | | Date you will return to Campus | / / | |
| Reason for leave <i>(please tick)</i> | Travel <i>(Overseas Student under 18)</i> | <input type="checkbox"/> | Compassionate or compelling circumstances | | |
| | Other <i>(please specify)</i> | <input type="text"/> | | | |
| Will you be missing any classes? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If YES, how many classes will you miss? |
| Supporting documents attached <i>(please tick)</i> | Medical Certificate | <input type="checkbox"/> | Death Certificate | <input type="checkbox"/> | Travel Itinerary / Plane Tickets |
| | Other <i>(please specify and attach)</i> | <input type="text"/> | | | |

LECTURER or HEAD OF ACADEMIC STUDIES / PROGRAM MANAGER to complete

| | | | |
|---------------|----------------------|-----------|----------------------|
| Lecturer Name | <input type="text"/> | Signature | <input type="text"/> |
| Lecturer Name | <input type="text"/> | Signature | <input type="text"/> |
| Lecturer Name | <input type="text"/> | Signature | <input type="text"/> |
| Lecturer Name | <input type="text"/> | Signature | <input type="text"/> |
| Lecturer Name | <input type="text"/> | Signature | <input type="text"/> |

DECLARATION

I declare that the information I have provided on this form and any attachments is true and correct. I understand that the approval of my request for leave will be approved by my Head of College or delegated nominee.

Signature: Date:

