

Student Application for Leave

This form should be used to seek approval for leave if you will be 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 and you will be travelling overseas during regular study breaks.

The College monitors student attendance to ensure compliance with state and federal legislative requirements and your academic progression. If you need to be absent for an extended period and unable to maintain course progression, you may need to defer your studies using the *Change/Defer/Withdraw form*. See 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, www.think.edu.au/policiesandforms.

Instructions:

1. Complete the first section below with your leave details, list and attach any supporting documents.
2. Speak with all of your lecturers to ensure you are able to maintain course progress 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.
3. Obtain approval from your Program Director

STUDENT DETAILS

Family name		Other names	
Student number		Date of birth	
Course name		College	

LEAVE REQUEST

Date for leave to start		Date back on campus	
Reason for leave	<input type="checkbox"/> Compassionate or compelling personal circumstances <input type="checkbox"/> Travel (overseas students under 18)		
Will you be missing any classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supporting documents attached	<input type="checkbox"/> Medical Certificate <input type="checkbox"/> Death certificate <input type="checkbox"/> Other :		

TO BE COMPLETED BY LECTURERS (IF YOU WILL BE MISSING ANY CLASSES)

Lecturer Name		Signature	
Lecturer Name		Signature	
Lecturer Name		Signature	
Lecturer Name		Signature	
Lecturer Name		Signature	

TO BE COMPLETED BY PROGRAM DIRECTOR

Program Director Name		Signature	
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	
Comments			

SIGNED BY APPLICANT

In signing below, I declare that the information provided by me in this application form and attached documents is correct.			
Signature		Date	

Please submit your completed form to Think: Student Services.