

PLEASE ENSURE YOU READ THE CONDITIONS OUTLINED BELOW BEFORE REQUESTING LEAVE.

The length of approved leave is to be strictly controlled in keeping with the reason for leave. Students must apply for approved leave in writing and submit supporting documentation e.g., medical certificate from a registered medical practitioner, death certificate and return air tickets. If a leave is requested for more than 2 weeks, students will be required to defer their studies for the duration of the leave and reapply for their visa once their leave is over. The Institute will notify DIBP. The Institute will approve leave only under exceptional compassionate circumstances and approval must be granted before leave takes place.

Examples of circumstances where leave may be approved include:

- Hospitalization for an urgent operation/accident/giving birth.
- The passing away of a close relative.
- A natural disaster in your home country.

Examples of circumstances where leave cannot be granted are as follows:

- You would like to take a vacation
- You are going to a wedding

STUDENT DETAILS

| | | | |
|-----------------|----------------------|-----------------|----------------------|
| First Name | <input type="text"/> | Date Of Birth | <input type="text"/> |
| Middle Name | <input type="text"/> | Passport Number | <input type="text"/> |
| Last Name | <input type="text"/> | Visa Type | <input type="text"/> |
| Student ID | <input type="text"/> | E-mail | <input type="text"/> |
| Intake Date | <input type="text"/> | Contact Number | <input type="text"/> |
| Course Enrolled | <input type="text"/> | | |
| Address | <input type="text"/> | | |

APPLY FOR APPROVED LEAVE

Enter the dates for which you would like to request leave.

From: *Monday* To: *Sunday*

REASON - Provide a valid reason for applying for leave. It must be specific e.g., details of medical evidence (date, nature of illness, doctor's name, registration number and qualifications) OR details of exceptional circumstances (how these are beyond your control).

EVIDENCE - List the evidence you will provide to the Institution to assist in determining whether approval for leave can be granted. Warning! Authenticity of evidence will be checked and verified.

Student's Signature Here.

Date:

CURRENT STUDY PROGRESS

Trainer to complete and to be approved by the Administration Manager / Director of Studies.

1. Does the student have genuine problems or issue? (Yes / No)
2. Is the Applicant's study progress satisfactory? (Yes / No)
3. Is the applicant's attendance level above 70%? (Yes / No)
4. Can the applicant successfully complete the remaining learning, training and assessment in advance and achieve competency? (Yes / No)
5. What are the class's arrangements that will be made in supporting the student's leave? Please note if the arrangement involve intervention class. (Yes / No)

OUTCOME

- APPROVED REJECTED

Comments

Academic Manager / DOS Signature and Date

Decided by: _____ Date: _____