

STUDENT LEAVE FORM

Student Details:

Family name: _____ Given name(s): _____

Student ID: LT-_____

Current street address: _____

State: QLD Post code: _____

Telephone: _____ Mobile: _____

Email: _____

I wish to apply for leave from ___/___/___ to ___/___/___

Reason

Documented proof **MUST** be attached with this form (Please tick): _____

Medical certificate Death certificate Other

I am aware that I will need to inform the College in advance (minimum 2 working days) if I need to extend my leave or this will be marked as an absence, which will affect my attendance and may cause my CoEs to be cancelled. This will then affect the status of my student visa, where I will need to seek advice from DEER.

Student Signature

Date

For Office use only:

I am aware and have approved/ disapproved leave/s during the academic year to the student as mentioned above.

Authorized signature: _____

Date: _____