

Application for Leave of Absence (Suspension of studies)

This form is to be completed by students who wish to apply for a leave of absence. A leave of absence will be granted in compassionate or compelling circumstances as per Leeds College’s Deferral, Suspension and Cancellation Policy and Procedure. Students are required to provide documentary evidence of such circumstances.

Your visa may be affected by your application so you should contact Department of Home Affairs to discuss.

Student Details	
Student Name:	
Course:	
Date of Application: / /	Student ID:

I wish to apply for a leave of absence from the course I am enrolled in with Leeds College. The dates of leave of absence requested are:

From: / /	To: / /
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I wish to have this absence for the following reason(s):

I have attached the following evidence to this form: (NOTE: Please attach any relevant evidence for compassionate grounds e.g medical certificates to support your application. Please note that a decision will be made based on your circumstances and the evidence you provide, so please ensure you have all documents attached.)

1.
2.
3.
4.
5.

I have discussed the reasons for the leave of absence with the Director of Studies Yes No

Have your contact details changed since you last advised us of them? Yes No

If yes, please provide below.

Details of changed details	
Residential Address:	
Suburb & Country:	Postcode:
Tel (Home):	Tel (Work):
Mobile:	Email:

Student Declaration (Please tick)

- I declare that the information supplied on this form and the information given in support of my application is correct and complete.
- I declare that I have attached all the relevant evidence to this application, and consent to a verification of evidence by Leeds College if required.
- I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application.
- I understand that if the period of deferment or suspension is such that I will not be able to complete this course by the proposed course end date indicated on the original CoE, a new CoE will be issued with the extended study period to allow me to complete my course. It is my responsibility to check with Department of Home Affairs with regard to my visa and whether a new visa is required to cover any possible extended duration.
- I understand the course structure, trainer, and/or timetable of the suspended course may change.

Signatures

Student	Parent Guardian (If under 18 years of age)
Signed:	Signed:
Printed Name:	Printed Name:
Date:	Date:

Please return this form to LEEDS College reception, or email to admin@leeds.edu.au along with all relevant evidence.
We will advise you of the outcome of your application.

To be completed by LEEDS College Staff:	
Outcome of request:	<input type="checkbox"/> Granted <input type="checkbox"/> Declined <input type="checkbox"/> Further information requested

Reason for decline or details of further information requested

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Student informed of the outcome of the application

Staff name: _____ **Signature:** _____ **Date:** _____

This form is to be stored in the student's file when the final outcome of the application is known and all processes are complete.