

APPLICATION FOR LEAVE OF ABSENCE

Please tick where appropriate

Personal & Course Details

Name		Contact Number	
Current Address			
Course Enrolled		Course End Date	

Type of leave

- Holiday
 Sick Leave
 Paternity/Maternity Leave
 Other (Please specify:)

Number of weeks/days		from _____ to _____
Returning on (Date)		

Emergency Contacts Details

Next of Kin	Name:	Phone Number:
	Address:	Relationship:
Australian Contact	Name:	Phone Number:
	Address:	Relationship:

Student Signature: _____ **Date:** _____

Office Use Only:

Administrator: Approved Not Approved:

Signature: _____ Date: _____

Notes: _____
