



LEAVE REQUEST FORM

Please print neatly in BLOCK LETTERS using BLACK INK.

STUDENT INFORMATION

Student ID: _____

Title (Mr., Mrs., Ms., etc.): _____

Last name: _____

Gender: Male Female

Given name: _____

Telephone number: _____

Date of birth (dd/mm/yy): ____ / ____ / ____

Mobile number: _____

E-mail address: _____

Residential address in Australia: _____

Enrolled Course/s: _____

Leave start date (dd/mm/yy): ____ / ____ / ____

Leave finish date (dd/mm/yy): ____ / ____ / ____

Reason/s for request: _____

Note: This application must be supported by additional documents that can be verified.

Please send completed form to info@queensford.edu.au or fax +61 7 3221 1627 or submit it to the College reception.

Student signature:

Date: (dd/mm/yy) ____ / ____ / ____

OFFICE ONLY

Name & signature of relevant department approval

Date Processed: ____ / ____ / ____

Administration

Academic

Date Processed: ____ / ____ / ____

Accountant

Student Support

Queensford College

Queensford College is the trading name of Malekhu Investments Pty Ltd

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ABN 17129064437 | RTO 31736 | CRICOS 03010G

LEAVE REQUEST FORM Jan 2015