

Leave of Absence Request Form

Please note: This request may not be approved where fees are overdue. This application must be supported by additional documents as evidence that can be verified.



STUDENT INFORMATION

Student Number:	Title (Mr., Mrs., Ms.):
First Name:	Last Name:
Gender: Male Female	Date of birth (dd/mm/yy): ____ / ____ / ____
Telephone number:	Mobile Number:
Email Address:	
Residential address in Australia:	
Student Status: Enrolled but not commenced Current Suspended	

CURRENT COURSE DETAILS

Course Code and Title:	
Course start date:	Course end date:

LEAVE REQUEST DETAILS

LEAVE	Leave Start Date:	Leave End Date:
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Please tick the most appropriate box that gives the reason for your action and provide the relevant supporting documentation. All supporting document must be in English or be translated into English and certified.

Reason	Supporting/Required Evidence
Death in family	Death certificate
Family member has serious or severe illness	Medical certificate
Involved in legal or court action	Police or Court Record
Victim of a serious crime	Police Report
Returning to home country	One way airline ticket
Other please specify:	

I understand that there may be additional fees associated with my leave of absence request, as outlined in the Student Handbook, and that I will be advised of all applicable fees prior to proceeding with my request.

Student Signature: _____

Date: ____ / ____ / ____

BRISBANE (Head Office)
Level 2, 359 Queen Street
Brisbane QLD 4000 Australia
+61 7 3221 1626
info@queensford.edu.au

ADELAIDE
Level 11, 90 King William Street
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Level 3, 1 Fitzwilliam Street
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OFFICE USE ONLY**TRAINERS TO COMPLETE**

Please put all details of the student's attendance and course progress. (Eg. student has attendance of more than 90% and more than 50% of units have been completed.)

Comments:

Signature:

Date:

ACCOUNTS TO COMPLETE

Total Fees Paid: YES NO

If No, Total Fees Owning:

Accounts Officer Signature:

Date:

STUDENT SUPPORT TO COMPLETE

Approved Not Approved, please provide reason below:

Comments:

Completed units entered into relevant data base: YES NO

Student Support Officer Name:

Signature:

Date:

ADMINISTRATION TO COMPLETE

Notification sent to student

Death certificate

CoE amended (International students only)

Medical certificate

Saved into student folder

Police or Court Record

Filed

Airline ticket(s)

Administration Staff Name:

Signature:

Date:

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