

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:
<i>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.</i>		
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

ADELAIDE

PARRAMATTA

HOBART

Head Office

Level 2, 359 Queen Street, Brisbane QLD 4000 Australia
+61 7 3221 1626 | info@queensford.edu.au

Queensford College is the trading name of Malekhu Investments Pty Ltd

www.queensford.edu.au

ABN 17129064437 | RTO 31736 | CRICOS 03010G

Reference: 170624 | v2.3

OFFICE USE ONLY**TRAINERS TO COMPLETE**

- Attendance is more than 90%? YES NO

If not, how is the attendance of the student?

- Course progress is more than 50%? YES NO

Are there any make-up classes scheduled for the unit/s that will be missed? YES NO. If YES, when?

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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