

F.12.01 STUDENT LEAVE APPLICATION FORM

STUDENT DETAILS

STUDENT NAME:	
STUDENT ID:	DATE OF BIRTH:
ADDRESS:	
POST CODE:	MOBILE NUMBER:
COURSE NAME:	GROUP NUMBER:

DETAILS OF THE REQUEST FOR LEAVE

REQUESTED LEAVE DATES: FROM: ____/____/____ TO: ____/____/____ TOTAL NUMBER OF WEEKS: _____
PLEASE SPECIFY THE COMPASSIONATE OR COMPELLING REASONS FOR YOUR ABSENCE:
SUPPORTING EVIDENCE PROVIDED: <input type="checkbox"/> MEDICAL CERTIFICATE <input type="checkbox"/> PLANE TICKET <input type="checkbox"/> OTHER (SPECIFY: _____)

NAME OF EMERGENCY CONTACT PERSON IN AUSTRALIA DURING YOUR ABSENCE:

NAME:	
MOBILE:	RELATIONSHIP:

YOUR OVERSEAS CONTACT DETAILS DURING YOUR ABSENCE (IF APPLICABLE):

NAME OF CONTACT:	
ADDRESS:	
	MOBILE:

STUDENT SIGNATURE:	DATE:
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OFFICE USE ONLY

RECEIVED BY:	DATE:
SUPPORTING DOCUMENTATION ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
LEAVE APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	
LEAVE APPROVED BY (SIGNATURE)	DATE:
STUDENT NOTIFIED OF OUTCOME <input type="checkbox"/> YES <input type="checkbox"/> NO	