

Leave of Absence Request

Family Name		Given Name	
Address			
Phone		Email	
Visa Type Student <input type="checkbox"/> Working <input type="checkbox"/> Other <input type="checkbox"/> <i>Note: Non-student visa holder's leave approval is subject to class and subject availability</i>			
Reason for leave	Death in the family <input type="checkbox"/> member in serious or severe illness <input type="checkbox"/> Involved in legal or court case <input type="checkbox"/> Suffering from severe illness <input type="checkbox"/> Accident <input type="checkbox"/> Pregnant <input type="checkbox"/> Others <input type="checkbox"/>		
Supporting or Required Documents	Death Certificate <input type="checkbox"/> Medical Evidence <input type="checkbox"/> Police or Court Record <input type="checkbox"/> Others <input type="checkbox"/>		
Date of Leave		Date of Return	
Supporting Evidence	Plane ticket <input type="checkbox"/> Receipt from Account <input type="checkbox"/>		
Student Signature		Date	

Student Declaration:

I _____ (full name)
have provided Chambers School of Business (the School) with the supporting evidence required to apply
for my leave of absence.

I declare that the information I supplied is accurate in all sections of this application. I understand the
Department of Home Affairs (DHA) makes the final decision on whether to approve the suspension of
studies. I understand that all fees are fully paid for the time of suspension as well as any assessments that
are required to be completed on my return will be caught up during the School's scheduled breaks.

I understand my enrolment may be cancelled in my failure to return on the stated date. In the event of
my application is not approved, I understand that if I leave without approval by the School, this may affect
my student visa on my return to the country. I understand if I do not provide any supporting evidence for
my leave of absence, my request will not be processed.

Student Signature _____

Date Requested _____

Office Use Only			
Student Support Officer			
Administration	Document Attached <input type="checkbox"/> Updated Registry <input type="checkbox"/>		
	Signature		Date
The School Fees	Emails sent to Accounts Department <input type="checkbox"/>		
	Responded Email attached to the Leave of Absence <input type="checkbox"/>		
	Signature		Date
Student Service Checklist	Update VETtrak <input type="checkbox"/> Add variation in PRISMS (if applicable) <input type="checkbox"/>		
	Suspension of CoE (if applicable) <input type="checkbox"/>		
	File the form in the Student Documents <input type="checkbox"/>		
	Signature		Date
Academic Co-ordinator			
Leave of Absence	Approved <input type="checkbox"/> Not approved <input type="checkbox"/>		
	Signature		Date