



Application for Special Leave

Student considering applying for Special Leave outside the designated holiday periods should refer to Special Consideration Policy and Deferment, Suspension and Cancellation Policy available on College's website. All application will be processed within 10 working days after the application received by the College.

Student Details:		
First Name:	Last Name:	SID:
Course Name:	Intake Date:	

Special Consideration Details:
Reasons for Leave Application (please tick the box): <input type="checkbox"/> Medical <input type="checkbox"/> Family <input type="checkbox"/> Personal <input type="checkbox"/> Criminal <input type="checkbox"/> Misadventure <input type="checkbox"/> Other (please specify) _____
Duration of Leave applied: Leave starts from ____/____/____ to ____/____/____ Number of days: _____
Please write a short summary of the reasons for Special Leave. _____ _____ _____ _____
Please be advised that you MUST attach evidence of documents from an independent authority that support your application when you submit the application. eg. A Medical Practitioner Prescription, flight tickets and/or itinerary, etc.

Student Declaration

- I have read and understood the Special Consideration Policy and Deferment, Suspension and Cancellation Policy provided by the College.
- I understood that the approval of Special Leave may lead to change in enrolment and payment schedule.
- I acknowledge that the application and evidence attached are complete and true. Any incorrect information will delay the process of the application.

Student's signature: _____ Date: ____/____/____



Office Use Only	
Date Application received: ____/____/____	
Has the student provided sufficient evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will duration of the enrolled course be affected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Outcome of Application:	<input type="checkbox"/> Granted <input type="checkbox"/> Declined
Reason for decision: _____ _____ _____ _____	
Student Services and Administrative Manager Signature: _____	
Date: ____/____/____	
DOS/Principal Signature: _____	
Date: ____/____/____	