

## **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:		
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/R	equired Evidence		
Death in family	Death certific	ate		
Family member has serious or severe illness	Medical certif	icate		
Involved in legal or court action	Police or Cou	t Record		
Victim of a serious crime	Police Report			
Returning to home country	One way airlin	ne 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:		//		

BRISBANE

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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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OFFICE USE ONLY

Comments:

TRAINERS TO COMPLETE

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