

Student Leave of Absence Form

This form is to be completed by international students who wish to apply for a leave of absence. A leave of absence will be granted in compassionate or compelling circumstances as per ACIC's Deferral, Suspension and Cancellation Policy and Compassionate and Compelling Circumstances Policy. Students are required to provide documentary evidence of such circumstances. Please complete this form and send it to Student Support. Please make sure to attach all required documents.

Section 1: Student Details			
Student Name			
Student ID			
Course Title			
Section 2: Duration of Leave			
Requested Leave Dates			
Leave start date (dd/mm/yyyy)		Leave end date (dd/mm/yyyy)	
Total number of weeks			
Section 3: Reason of Leave & Supporting Evidence			
<i>Please tick the most appropriate box that gives the reason for your action and provide the relevant supporting documentation. All supporting documents must be in English or be translated into English and certified.</i>			
Reason	Supporting/Required Evidence		
<input type="checkbox"/> Serious illness or injury	Medical Certificate states that the student was unable to attend classes		
<input type="checkbox"/> Serious illness or injury of close family members	Medical Certificate that states the situation		
<input type="checkbox"/> Bereavement of close family members	Death Certificate		
<input type="checkbox"/> Victim of a serious crime	Police Report or Psychologists' Report		
<input type="checkbox"/> Involved in legal or court action	Police Report or Court Record		
<input type="checkbox"/> Other compassionate compelling circumstances: Please specify below and attach supporting evidence.			

Section 4: Student Declaration

- The information provided by me is true and correct.
- I have consulted with responsible ACIC staff about my options.
- I have attached supporting documents as required by the form.
- I have read and understand the information above.

Student Signature		Date	
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OFFICE USE ONLY

Supporting Documentation Attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Total Fees Paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If No, Total Fees Owning			
Decision Outcome	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined	
Reason(s) for Outcome			
Student Notified	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SCCM Representative Name		Position	
SCCM Representative Signature		Date	