Australian City International College Pty Ltd (ACIC)
ABN: 16 095 557 190, CRICOS Provider: 03888H, RTO: 91779
Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150

Telephone: +61 (02) 7809 2811 Email: academic@acicollege.edu.au Website: www.acicollege.edu.au



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	yyyy) Leave end		date (dd/mm/yyyy)				
Total number of weeks							
Section 3: Reason of I	eave & Supporting Evid	ence					
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.							
	Reason		Supporting	/Deguired Evidence			
	Reason		Supporting	/Required Evidence			
☐ Serious illness or injury	Reason			states that the student			
☐ Serious illness or injury ☐ Serious illness or injury of			Medical Certificate was unable to atte	states that the student			
	close family members		Medical Certificate was unable to atte	states that the student nd classes			
☐ Serious illness or injury of	close family members		Medical Certificate was unable to atte Medical Certificate Death Certificate	states that the student nd classes			
☐ Serious illness or injury of ☐ Bereavement of close fan	close family members nily members		Medical Certificate was unable to atte Medical Certificate Death Certificate	e states that the student nd classes that states the situation sychologists' Report			
☐ Serious illness or injury of ☐ Bereavement of close fan ☐ Victim of a serious crime ☐ Involved in legal or court a	close family members nily members	specify belo	Medical Certificate was unable to atte Medical Certificate Death Certificate Police Report or P	e states that the student nd classes that states the situation sychologists' Report court Record			

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File Name: SMD29 Student Leave of Absence Form			Apr 2023	Apr 2024	2.0	

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SCCM Representative Signature



Section 4: Student D	eclaration			
☐ The information provide☐ I have consulted with re☐ I have attached support☐ I have read and unders	esponsible ACIC s ing documents a	staff about my options. s required by the form.		
Student Signature			Date	
OFFICE USE ONLY				
Supporting Documentation Attached?		□ Yes	□ No	
Total Fees Paid		□ Yes	□ No	
If No, Total Fees Owning				
Decision Outcome		☐ Approved	☐ Declined	
Reason(s) for Outcome				
Student Notified		☐ Yes	□ No	
SCCM Representative Na	me		Position	

Date