

Student Leave Application

Leave of absence:

Leave of absence is where a student has a requirement to miss scheduled training for reasons other than specified for a deferment or suspension of studies e.g. illness, medical appointment approved activity by the RTO and is less than three (3) weeks.

Domestic Student

International Student

STUDENT DETAILS

Family name:

Given name:

Student ID:

Date of Birth:

Student email address:

Mobile/Phone:

COURSE DETAILS

BSB80120 Graduate Diploma of Management (Learning)

BSB50820 Diploma of Project Management

BSB60720 Advanced Diploma of Program Management

CHC30121 Certificate III in Early Childhood Education and Care

CHC50121 Diploma of Early Childhood Education and Care

Course start date:

Course finish date:

LEAVE DETAILS

Leave start date:

Leave finish date:

Total days/weeks/months:

REASONS FOR LEAVE

Medical Reason/s

Travelling overseas less than 4 weeks

Family/Personal (e.g., family reunion, family wedding, funeral)

Minor Family issue (For a major family issue request must be submitted on suspension application form)

Traumatic experience whilst studying (e.g., involved in accident, affected by storms or natural disasters (local))

RTO is not able to offer a pre-requisite unit required to start or complete a course of study

Student wanting leave period that will exceed the published holiday period (explain below):

Others. Please specify:

STUDENT DECLARATION

I declare that the above information is true and correct. I have read and fully understood the Deferral, Suspension, Cancellation Policy. I understand that completing this form does not guarantee to leave will be granted.

I understand that I have a right to appeal through AIPT's internal complaints and appeals process, in accordance with Standard 10 (Complaints and appeals) of the National Code of Practice for Providers of Education and Training to Overseas Students 2018 (CRICOS Standards), within 20 working days of this application not being approved.

Student Name:

Student Signature:

Date:

FOR OFFICE USE ONLY

Date of Submission:

Staff name:

Staff signature:

Approved: Yes No

Required evidence attached: Yes No NA

If not approved, why?

Staff Name:

Staff Signature:

Date:

Further Comments: