

Application for 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 Clinton English's Deferral, Suspension and Cancellation Policy and Procedure. Students are required to provide documentary evidence of such circumstances.

Your visa may be affected by your application so you should contact Department of Home Affairs (DHA) on 131881 to discuss.

Student Name:		Student ID:	
Date of Application:	____/____/20____	Course:	

Have your contact details changed since you last advised us of them? Yes / No
If Yes: Please provide details below.

Residential Address:			
Suburb:		Post Code:	
Email:		Mobile:	

I wish to apply for a leave of absence from the course I am enrolled in with Clinton English for the following reason/s:

Requested Date for Leave of Absence:	From this date:	____/____/20____	To this date:	____/____/20____
Reason for Leave of Absence Request:				
Evidence provided:				

Student Declaration

- I declare that the information given is true and accurate to the best of my knowledge and I have not willfully suppressed any information
- I understand that based on my course progress, my leave of absence may lead to weeks/ levels Repeated
- I understand that a fee is payable for levels already started
- I understand that all overdue fee's and any payment for weeks/ levels Repeated , must also be paid before approval of any leave.

Student Signature:		Date:	____/____/20____
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Please email the form to ceadmin@clintonenglish.vic.edu.au. We will advise you of the outcome of application.

OFFICE USE ONLY

Date of meeting with:	____/____/____	<input type="checkbox"/> Academic Manager <input type="checkbox"/> Teacher <input type="checkbox"/> Other: _____	
Finance (All Fees Paid)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Finance Officer:	
Approval Given:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	____/____/20____
Student advised of outcome:	<input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> In person <input type="checkbox"/> Ms Team	Date:	____/____/20____
Name/ Position of Processor:		Signature of Processor:	