

REQUEST FOR LEAVE

Full Name:												
Date of Birth												
Student ID:												

Leave Request: ☐ Medical Leave ☐ Compassionate Leave

Leave request details:

Please specify the dates you will be on leave

Start Date: __/__/____ End Date: __/__/____ Date Returning to College: __/__/____

Number of **study days** away from College: _____

Are you travelling outside of Australia ☐ Yes ☐ No If yes, please specify which country: _____

WHEN TRAVELING OUTSIDE AUSTRALIA YOU WILL BE REQUIRED TO CARRY THE APPROVED LEAVE FORM AND PROVIDE IT TO THE IMMIGRATION STAFF IF REQUEST

I agree to the terms and conditions applicable to applying for this leave as per the requirements of my enrolment terms with Oceania College of Technology and conditions as noted below.

Student Signature: _____ Date: _____

☐ Approve with Conditions* ☐ Approved ☐ Not Approved

Authorising Person Name: _____ **Position:** Campus Manager

Authorised Person Signature: _____ **Date Approved:** __/__/____

*

- ☐ Student has overdue tuition fees that must be bought up to date PRIOR to commencement of leave
- ☐ Student agrees to the terms and conditions of signed payment plan – fees must be paid on 15th of month if falls during leave period.