

Application For Deferral Or Leave

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Student Details								
Student ID:		DOB (DD/M	DOB (DD/MM/YY): / /					
Course enrolled in:								
Given/First name:								
Family/Last name:								
Address (where notification of outcome will be sent):								
		St	tate:	Post	t code:			
Email:								
Contact phone:	Mob	ile:						
Leave Details								
I am applying for	Leave of	Absence	□ Deferra	al				
Dates requested for leave	From:		To:					
	Term:		Year:					
Grounds for requested leave	☐ Medical		☐ Excep	tional Ci	ircumstances			
To be eligible the student must supply the following documents for approval (before departing Australia): a) An airplane ticket detailing departure and return dates b) Medical certificates and other supporting documents: original if from Australia and scanned copies if from overseas (from doctors from Australia or from the student's home country) c) Proofs of exceptional circumstances, if any d) A letter explaining why the leave is required. Your application cannot be considered without the correct documents.								
Declaration by the Student:								
I acknowledge that if my period of deferral or leave results in the need to repeat a unit, a term or a period of study I will extend my COE end date if applicable and as per the ESOS Act and DIBP guidelines. I also acknowledge that this leave period may affect my student visa and I understand that I need to seek further information from Department of Immigration and Boarder Protection (DIBP) and will use their website, helpline (131 881) or attend the office regarding advice about my visa.								
Student's signature:			_ Da	ıte:				



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Office Use Only:						
Supported by Student Support Officer	Yes □	No 🗆	Date:			
Student Support Officer signature:						
Approved by Administrative Officer Note: If approved, Admin Officer to modify account if applicable.	Yes □	No 🗖	Date:			
If No: What amount is outstanding \$	What was the due date of these fees?					
Admin/Account staff signature:						
Processed by Admissions Note: If approved, Admissions to notify Timetable Office	Yes □		Date:			
Admissions staff signature:						