

Leave of Absence Form

PLEASE FILL IN ALL FIELDS ON THIS FORM

Note:

- This form applies to students who wish to apply for a leave of absence (up to 4 weeks).
- Allow at least 7 working days from lodgement of a full application to be assessed and processed.
- The completed form should be submitted to the Course Coordinator of the relevant Academic Department or via the Student Application Portal <<https://connect.portal.aibtglobal.edu.au/>>.
- Students may be required to submit supporting evidence.

Section A – Student Details

Student Number:

Family Name:

Given Name:

Mobile:

Email:

Visa Type and Subclass:

Residential Address:

Section B – Course Details and Dates of Leave

Current Course:

Campus:

Request Start Date:

Date Resumption:

Section C – Reason for applying for Leave of Absence:

Please provide detailed reason for your leave request:

Section D – Student Declaration

- I have read and understood the above note and relevant College policies.
- I declare that the information provided is accurate and the form is fully complete.
- I acknowledge that the provision of incorrect information or the withholding of relevant information may delay the processing of my application.
- I understand that it is my responsibility to seek advice from relevant authorities, including the Department of Home Affairs about the possible impacts to my visa.

Signature of student:

Date (dd/mm/yy):

If the student is under 18, the form is also to be signed by the parent/guardian

Signature of Parent/Guardian:

Date (dd/mm/yy):

Office Use Only – Student Support

Date Application Received:

Received by:

Application Outcome:

☐ Approved

☐ Rejected

Date processed:

Processed by:

Further comments (if required):