ANDERSON College
Address: Level 6, 190 Queen Street
Melbourne, VIC 3000
Contact: (+61) 411 333 327
www.andersoncollege.vic.edu.au

Leave of Absence Application Form

Student Details:

Title:	☐ Mr	☐ Mrs	☐ Ms	☐ Miss ☐ Other
Student Full Name:				
Student ID:				
Date of Birth:				
Address:				
Contact Number:				
Email:				
Course Code and Name:				
Course start date:		Course finish date:		

NOTE: Your requested leave of absence **MAY NOT EXCEED TWO CALENDAR WEEKS** in a designated study period. If compassionate or compelling circumstances require you to take a longer leave, you must submit a **Deferment and Suspension of Studies form**.

Leave Period	From		**Total Number of Days**	
	To			
Reason(s) for taking Leave (*Please provide as much details as possible*) **Note**: Attach any supporting documents with this form as applicable				
During your leave, your status will be:	☐ Onshore		☐ Offshore	

ANDERSON College
Address: Level 6, 190 Queen Street
Melbourne, VIC 3000
Contact: (+61) 411 333 327
www.andersoncollege.vic.edu.au

Student Declaration and Signature	I have filled out this form with accurate and true information. I am also aware that the course progress could be impacted by this leave of absence.		
		Date:	

OFFICE USE ONLY					
Received by		**Date:**			
Decision	☐ Leave Granted	**From:**		**To:**	
	☐ Leave Not Granted	**Reason:**			
Signature			**Date:**		
Follow-up Action	Student informed (emailed):	☐ Yes	☐ No		
	PRISMS updated:	☐ Yes	☐ No		
	SMS updated:	☐ Yes	☐ No		