

Application for Leave of Absence Form

International Students

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 Southern Academy of Health Sciences Deferral, Suspension and Cancellation Policy. 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 on 131881 to discuss.

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

I wish to apply for a leave of absence from the course I am enrolled in with Southern Academy of Health Sciences. I wish to have this absence for one or more of the following reasons (Please Tick):

- Serious illness or injury, where a medical certificate states that the student was unable to attend classes
- Serious illness or injury of close family members such as parents or grandparents, where a medical certificate states the situation in English
- Bereavement of close family members such as parents or grandparents (Where possible a death certificate should be provided)
- A traumatic experience that has impacted on the student which could include involvement in, or witnessing of a serious accident or witnessing or being the victim of a serious crime. Such cases supported by police or psychologists' reports
- Where Southern Academy of Health Sciences is unable to offer a pre-requisite unit
- Inability to begin studying on the course commencement date due to delay in receiving a student visa
- Other Compassionate compelling circumstances: Please explain:

Supporting Documents	
Please note that without the supporting documents leave will not be approved	
<input type="checkbox"/>	Medical Certificate for the period of leave
<input type="checkbox"/>	Return Air Ticket
<input type="checkbox"/>	Visa grant letter
<input type="checkbox"/>	Police or psychologists' reports
<input type="checkbox"/>	Death Certificate

Have your contact details changed since you last advised us of them? Yes No If yes, please provide below.

Residential Address:

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Suburb & Country:	Postcode:
Tel (Home):	Tel (Work):
Mobile:	Email:

Student Signatures	
Signed:	
Date:	

Office Use Only

Application for Leave of Absence		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved			
Checklist	<input type="checkbox"/>	Notified Student	<input type="checkbox"/>	SMS updated	<input type="checkbox"/>	PRISMS updated
Comments:						
Approved/Rejected By						
Staff Name:				Position:		
Signature:				Date		

Please return this form to our office at the details below. We will advise you of the outcome of your application