

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 Victorian Institute of Education's 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 details

| Student detail | 5 | | |
|----------------|---|------------|--|
| Student Name | | Student ID | |
| Address | | | |
| Contact Number | | Email | |
| Course | | | |
| | leave of absence from the course I am e e or more of the following reasons (Please | | orian Institute of Education. I wish to have |

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 Victorian Institute of Education 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:

Initials

| Supporting Documents (Please note that without the supporting documents leave will not be approved) | | | | | | | | |
|---|---|------------------|-------|-------------|----------------|--|--|--|
| | Medical Certificate for the period of leave | | | | | | | |
| | Return Air Ticket | | | | | | | |
| | Visa grant letter | | | | | | | |
| | Police or psychologists' reports | | | | | | | |
| | Death Certificate | | | | | | | |
| Address while on leave (if different to existing details): | | | | | | | | |
| Contact No.: | | Email: | | | | | | |
| In signing this form, you agree that: The information provided is accurate and complete. You have attached all required supporting documents. You accept that the leave may have implications for your student visa and on your visa status. Student Signature Signed: | | | | | | | | |
| Student Name: | | | | | | | | |
| Date: | | | | | | | | |
| | | | | | | | | |
| | | Off | ice L | Jse Only | | | | |
| Application for Leave of Absence | | | | Approved | Not Approved | | | |
| Check | dists | Notified Student | | SMS updated | PRISMS updated | | | |
| Comments: | | | | | | | | |
| Approved/Rejected By: | | | | | | | | |
| Staff Name: | | | | Position: | | | | |
| Signature: | | | | Date: | | | | |