

# Application for Leave

## Student Details

Title:		
First Name:		
Middle Name:		
Last Name:		
Date of Birth:		
Gender:		
Mobile:		
Email:		
Duration of leave:	From:	To:
Identification Verified:	Type of ID:	
	ID Number:	
Address:	Building Name:	
	Unit Name:	
	Street:	
	Suburb/Town:	
	State:	
	Postcode:	
	Country:	

**Reason for Leave**

Please provide information on the reasons for the deferral request below

---



---



---



---

**Evidence Attached:**  YES  NO

**CEO/Head of Compliance Determination:**

Request Approved  Request Not Approved

If **NOT** Approved, explanation for decision:

---



---



---

Student Notified in writing **Initial** **Date:** / /

Student Satisfied with Outcome  YES  NO

<b>Signature:</b>		<b>Date:</b>	/ /
-------------------	--	--------------	-----