



## LEAVE OF ABSENCE APPLICATION FORM

### Student Details

|               |  |            |  |
|---------------|--|------------|--|
| Name          |  | Student ID |  |
| Contact Phone |  |            |  |
| Course/Group  |  |            |  |

**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 **Deferral and Allowable Suspension of Studies** form.

| Leave Required/Period   | From  | Total Number of Days |  |
|---|---|----------------------|--|
|   | To  |                      |  |
| <b>Reason(s) for taking Leave</b><br><i>(Please provide as much details as possible)</i><br><br><b>Note:</b> Attach any supporting documents with this form as applicable |   |                      |  |
| <b>Student Declaration and Signature</b>  | <b><i>All the information I have provided in this form is true and accurate. I also understand that this leave of absence may impact upon my course progress.</i></b> |                      |  |
|   | Signed:   | Date:                |  |





SYDNEY BUSINESS & DEVELOPMENT INSTITUTE

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### FOR OFFICE USE ONLY

|                    |  |                                |
|--------------------|--|--------------------------------|
| <b>Received by</b> |  | Date:                          |
| <b>Decision</b>    | <input type="checkbox"/> Leave Granted     | From:                      to: |
|                    | <input type="checkbox"/> Leave Not Granted | Reason:                        |
| <b>Signature</b>   |  | Date:                          |

|                         |  |
|-------------------------|--|
| <b>Follow-up Action</b> | If granted, forward the signed form to Student Student Admissions Officer for update of student record. If declined, advise the student of the outcome in writing. |
|-------------------------|--|

