

Student Leave of Absence from Studies Form

By completing this form, you are requesting a leave of absence from your studies with INT College. This form must be submitted to the Administration Manager (Reena) or the CEO (Sarita).

A written reply will be forwarded to you within 7 working days.

Surname		Given Names					
Date of Birth	____ / ____ / _____	Gender	Male		Female		Other
Street Address							
Suburb			State			Postcode	
Contact No			Email				
Course currently enrolled in	Course code		Course Name / Title				
Leave	Proposed dates of leave ____ / ____ / _____ to ____ / ____ / _____						

In the box below, please provide your reason for needing a leave of absence from your studies:

int College

RTO Code 45232 | CRICOS Code 03638D

Note: You are not obligated to provide a reason, however, if you do not provide a reason it will have a direct bearing on the outcome of your application.

Signature		Date	____ / ____ / _____	
OFFICE USE ONLY				
Processed by		Date	____ / ____ / _____	
Form filed		Yes		No
Approved by		Replied Date	____ / ____ / _____	