

## Application for Leave Form

This form is to be completed by students who wish to apply for a leave their studies. Leave of studies will be granted in as per Choice Academic College's Policy and Procedures. Students are required to provide documentary evidence of such circumstances (e.g. Medical certificate for illness, travel itinerary if traveling overseas)

### Student details

Student Name:

Student ID:

Date of Application:

/ /

Course:

I wish to request for a leave from my enrolment with Choice Academic College for the below reason(s).

I wish to apply for leave from : dd / MM / YYYY

to dd / MM / YYYY

Address while on leave:

Ph:

Mobile:

Email:

In signing this form you agree:

- The information provided is true and complete.
- That you have attached all required supporting documents.
- The college reserves the right to approve or reject the application of leave.

Signed:

Printed Name:

Date: dd / MM / YYYY

Please return this form to reception or email [info@cacademic.edu.au](mailto:info@cacademic.edu.au)

We will advise you of the outcome of your application.