

Student Leave Application Form

**This form is for Domestic Students Only*

Student Details

Family Name: Given name:
 Student ID: Date of Birth: / /

Course Details

Course Name: Course Code:
 Date of last attendance: / / Date of return: / / **(student must abide to this date)**
 Leave effective from / / to / / (_____ weeks/months)

My reason for taking leave is: (tick one box only)

- Travelling overseas
- Family
- Illness
- Work Commitments
- Others

If others, please specify:

(Attach any supporting documentation especially flight itinerary if travelling overseas and medical certificate for illness)

Please outline the circumstances for seeking the request:

Student Declaration

I declare that the above information is true and correct. It is my responsibility to inform the Institute in writing if I am unable to return on commencement date. I understand that the failure to do so may result in the cancellation of my enrolment.

Student Signature: Date: / /

Date:

FOR OFFICE USE / / **ONLY:**

Date of submission: / / Administrator's name: Signature:

Finance Check: / / Finance Officer's name: Sig- nature:

Progress Check: Improve- ment required: Yes
 No Course End date affect- / / ed: Yes No / /

Student Support Officer's name: Signature:

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