

Student Leave Application Form

(If you require more than 4 week leave, you must apply for a suspension of studies, using Suspension form AD106.b)

Student Details

Family Name:

Given name:

Student ID:

Date of Birth:

Course Details

Course Code

Course Name:

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 less than 4 weeks

Minor Family issue (For a major family issue request must be submitted on suspension form AD106.b)

Other reason not specified

Please provide details for reason requesting leave:

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

Student Declaration

I declare that the above information is true and correct. It is my responsibility to inform Baxter 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:

Submission:

Submit form NO less than 21 working days prior to leave commencing date requested. **EXCEPT IN THE CASE OF AN EMERGENCY**

Sheila Baxter Training Centre Pty Ltd t/a Baxter Institute
 Ph: (03) 9650 0367 Fax: (03) 9654 1049
 470 Street Melbourne Victoria 3000 Australia
 ABN 51 006 374 241 CRICOS Provider No: 02233M RTO: 7030
 Email: info@baxter.vic.edu.au Website: www.baxter.vic.edu.au

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FOR OFFICE USE ONLY:

Date of submission: Received by: Signature:

Finance Check: Finance Officer's name: Signature:

Progress Check: Improvement required: Yes No Course End date affected: Yes No

Student Support Officer's name: Signature:

Leave approval: Yes No Date:

Approving Officer's name: Signature: Position:

Comments:

Notification e-mail sent to student on:

SMS updated by : SMS updated date:

Please tick:

Revised Training Plan provided to student Update SMS

Submission:

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