

REQUEST FOR LEAVE OF ABSENCE

PERSONAL DETAILS

Family Name	<input type="text"/>	Student ID	<input type="text"/>
Given Name	<input type="text"/>	Course	<input type="text"/>
Contact No.	<input type="text"/>	Email	<input type="text"/>

LEAVE OF ABSENCE DETAILS

COMMENCING LEAVE FROM TERM				RETURNING IN TERM				
Term (Month)	<input type="text"/>	Year	<input type="text"/>	➔	Term (Month)	<input type="text"/>	Year	<input type="text"/>

i **International Students** can take a leave of absence for only **one (1) term**
Domestic Students can take a leave of absence for up to two (2) terms

REASON / GROUNDS FOR REQUEST

INTERNATIONAL STUDENTS	Serious illness	<input type="checkbox"/>	Please ensure you attach / submit a valid medical certificate with your request
	OR		
	Exceptional Circumstances	<input type="checkbox"/>	Please provide details of the circumstances below or attach
	Details / Notes (Full reason for the request)	<input type="text"/>	

IMPORTANT: International students can take a leave of absence in only limited circumstances

ATTACHMENTS

 All documents supporting your application (e.g. Medical certificates)

Signature:	<input type="text"/>	Date (dd/mm/yyyy):	<input type="text"/>
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SUBMITTING YOUR REQUEST



Completed forms, including all required signatures, should be submitted to studentservices@icms.edu.au | Incomplete applications will not be processed

STUDENT ADMINISTRATION USE ONLY

Outcome of Request	Approved	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Approver	<input type="text"/>
Entered in PRISMS	<input type="checkbox"/>	Entered in Avantis	<input type="checkbox"/>	Date Received	<input type="text"/>	
Student advised of <i>Outcome of Request</i>	<input type="checkbox"/>	COS Number	<input type="text"/>			