

STUDENT LEAVE APPLICATION FORM



AUSTRALIAN
LEADING
INSTITUTE OF
TECHNOLOGY

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

Student Details:

Student Name	:	<input type="text"/>		
Student Number	:	<input type="text"/>		
Date of Birth (dd/mm/yyyy)	:	<input type="text"/>		
Course Code	:	<input type="text"/>		
Course Name	:	<input type="text"/>		
Date of last attendance	:	<input type="text"/>	Date of return :	<input type="text"/>
			(Student must abide to this date)	
Leave effective from	:	<input type="text"/>	To :	<input type="text"/>

My reason for taking leave is: (Please X the appropriate checkbox – only one):

- Travelling overseas less than 4 weeks
- Minor Family issue (For a major family issue request must be submitted on suspension form)
- 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 ALIT 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.

<hr/>	<input type="text"/>
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**

[If your contact details have changed since you lodged your application, please provide your new details by logging on to your student portal, ask ALIT reception/ student support in person or email info@alit.edu.au. Otherwise, we may not be able to contact you with important information.]

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FOR OFFICE USE ONLY:

Date of submission :

Received by :

Signature :

Finance check date :

Checked by :

Signature :

Progress Check date :

Improvement required: Yes No

Course End date affected: Yes No

Student Support Staff Member Signature

Date

Leave Approval: Yes No

Date:

Approved by :

Signature :

Position :

Comments:

Notification e-mail sent to student on:

SMS updated by: Date:

Please (X) the appropriate checkbox:

Revised Training Plan provided to student

Update SMS