Application for Leave of Absence Form

This form is to be completed by international students who wish to apply for a leave of absence. A leave of absence will be granted in compassionate or compelling circumstances as per Clinton Institute's Deferral, Suspension and Cancellation Policy and Procedure. Students are required to provide documentary evidence of such circumstances.

Your visa may be affected by your application so you should contact Department of Home Affairs (DHA) on 131881 to discuss.

Student Name:		**Student ID:**	
Date of Application:	____/ ____/20____	**Course:**	

Have your contact details changed since you last advised us of them? ☐ Yes / ☐ No
If Yes: Please provide details below.

Residential Address:			
Suburb:		**Post Code:**	
Email:		**Mobile:**	

I wish to apply for a leave of absence from the course I am enrolled in with Clinton Institute for the following reason/s:

Requested Date for Leave of Absence:	From this date:	____/ ____/20____	To this date:	____/ ____/20____
Reason for Leave of Absence Request:				

Student Declaration			
☐ I declare that the information given is true and accurate to the best of my knowledge and I have not willfully suppressed any information ☐ I understand that based on my course progress, my leave of absence may lead to units being NYC/ Repeated ☐ I understand that a fee is payable for units being NYC/ Repeated ☐ I understand that all overdue fee's and any payment for units being NYC/ Repeated, must also be paid before approval of any leave.			
Student Signature:		Date:	____/ ____/20____

Please email the application to admission@clinton.edu.au. We will advise you of the outcome of your application.

OFFICE USE ONLY

Date of meeting with:	____/ ____/_____ ☐ DOS ☐ Trainer ☐ Other:_____		
Finance (All Fees Paid)	☐ Yes ☐ No	**Name of Finance Officer:**	
Approval Given:	☐ Yes ☐ No	**Date:**	____/ ____/20____
Student advised of outcome:	☐ Email ☐ Letter ☐ In person ☐ Skype	**Date:**	____/ ____/20____
Name/ Positon of Processor:		**Signature of Processor:**	