1. STUDENT DETAILS			
Name:		Student ID:	
Email:		Mobile:	
Current Course:		Intake:	

2. REQUEST DETAILS *(fill in the relevant details and provide supporting documents as required)*		
I wish to request leave for the following dates:		
Leave start Date:		
Return Date:		
Reason:		
Supporting Documents	1. 2. 3. 4. 5.	6. 7. 8. 9. 10.

- ☐ *I acknowledge the details and supporting documents I provided above are correct and genuine.*
- ☐ *I understand, I am aware that taking the leaves may affect my attendance, grades, student visa and other student obligations.*
- ☐ *I take full responsibility of the consequences of my actions during my absence.*

Student's Signature:		Date:	

Received By: (Print Name)		Date:	

Approved By: (Print Name)		Date:	