



Student Leave of Absence Form

Student Details

Student ID Number: _____ Student Name: _____

DOB: __/__/____ Email Address: _____

Telephone / Mobile No: _____

Course Enrolled: _____

Note :- This form is for students who require leave of absence for short duration up to 2 weeks on grounds of compassionate or compelling circumstances (for example, illness where a medical certificate states that the student is unable to attend classes). ACE will not be able to assess your application unless the form is completed, signed and required information is provided with documentation.

Reason of Absence

Please Tick one box

- Compassionate or Compelling circumstances - Please Tick one box below for reasons :-
- Serious illness or injury (medical certificate states that the student is unable to attend classes)
 - Bereavement of close family members (death certificate attached)
 - A traumatic experience (medical certificate attached)
- Others - (please attach additional pages if required) Reasons:

Dates of absence

From __/__/__ To __/__/__

Student Signature _____ Date __/__/__

Office Use only

Circle - **Approved / Not Approved** By _____ (CEO Signature) _____ (Date)

Course Duration & Timetable affected :- **No / Yes**, If Yes Timetable revised **Yes / No**

Updated on Student Management System **Yes / No** Date __/__/__

Entered by _____ Date __/__/__

Student Informed of the Outcome **Yes / No** Informed by _____

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