

LEAVE FORM

STUDENT DETAILS					
Name of Student			Student Id		
Course Enrolled In			Date of Application		
Start Date of leave		End Date of leave		No. of days	
CONTACT DETAILS DURING PERIOD OF LEAVE					
Address					
Phone Number (Home)			MobileNo.		
Email Address					
CIRCUMSTANCES REQUIRING THE LEAVE					
Have you discussed the reasons for applying for the leave with the Student Support Officer? Yes \(\subseteq \text{No} \subseteq \)					
Signature					
Name Date:					
Please return this form to our office. The outcome of your application will be notified to you.					
Note: Leave will be granted in compassionate or compelling circumstances as per the Deferral, Suspension and Cancellation Policy and Procedure of the institute. Students are required to provide documentary evidence of such circumstances.					
Your visa may be affected by your application to defer so you should contact Department of Home Affairs					



www.alphainstitute.edu.au

(DHA) on 131881 to discuss any visa implications.				
OFFICE USE ONLY				
Leave Details entered in system: Yes No				
Date of approval of Leave : / /				
Comments				