



Application for Leave/Deferment/Suspension

Full Name: _____ Student I.D.: _____

Address: _____

Contact number: _____

Leave Type: (please tick appropriate box)

Holiday Leave

Sick Leave

Deferment – please specify reason for deferment:

Suspension – please specify reason for suspension:

Please elaborate on your reason for Leave request:

Please specify the date in which you request to begin and conclude leave:

Start Date: _____ End Date: _____

Length: _____ days

Please provide the following in support of your leave request

Return ticket

Evidence:[explain what type of evidence you have provided] _____

Filled Application Form

Are you travelling outside Australia?

Yes No If Yes, please specify which country: _____

If Yes, please provide at least one method of contact (email, phone number, postal address)

Person of Contact

Within Australia:

Name: _____ : Phone Number: _____ Relationship: _____

Overseas:

Name: _____ : Phone Number: _____ Relationship: _____

Terms & Conditions

I, _____ hereby understand that as part of the International Student Acceptance Form, Refund Policy, that it is solely my responsibility to maintain course progress and uphold my Payment Plan payments whilst on leave.

I understand that this suspension or deferment or leave of absence will be reported via PRISMS and may affect my student visa.

.....
Applicant's Signature

.....
Date

A Letter of Approved Leave will be posted to you upon approval. If your leave is not approved, an American College representative will contact you.

Authorisation by the American College Director

I hereby authorise for(name)

to _____ days leave/deferment.

.....
Director's Signature

.....
Date

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