



Application for Leave/Deferment

Full Name: _____ Student I.D: _____

Leave Type: (please tick appropriate box)

- Holiday Leave
 Sick Leave
 Deferment – please specify reason for deferment:

Please elaborate on your request for Leave:

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

Start Date: _____ End Date: _____

Length: _____ days

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)

Skilled Services Australia Pty Ltd T/a Skills Institute Australia
RTO No: 32473, CRICOS No: 03328G, ABN : 34 150 413 219
1/10 Judds Ct, Slacks Creek, Qld, Australia – 4127
Tel: 1300 078 839, 07 3208 3182 Fax: 07 33196822
E-mail: sia@skills.qld.edu.au Website: www.skills.qld.edu.au



Terms & Conditions

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

Applicant's signature

___/___/___
Date

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

Authorisation by:

I hereby authorise for _____ (name)
to _____ days leave/deferment.

Director's Signature

___/___/___
Date