



Application for Leave/ Suspension, Deferment, Cancellation of Studies

Full name			
DOB		ID	
Course name & code			
Date of Commencement of Study			

FULL DETAILS OF YOUR COMPASSIONATE / COMPELLING REASON/S WITH EVIDENCE MUST BE ATTACHED.

Students are to receive a copy of the Deferring, Suspending or Cancelling Students Enrolment Policy and Procedure and Complaints and Appeals Policy and Procedure and Refund Policy as relevant with this application.

A decision must be provided to the student within 10 working days from the date of receipt of a completed, signed and dated application form with required evidence.

Suspensions of study will not be granted for more than a **1 month** period. Students who defer their studies for more than 28 days must return home unless there are exceptional circumstances which prevent them from travel such as a medical condition.

Students should seek advice from the Department of Home Affairs (DHA) regarding any change to their enrolment status and possible implications to their student visa.

<https://www.homeaffairs.gov.au/about/contact/offices-locations/australia>

Leave Type: (please tick appropriate box)

- Holiday Leave
- Sick Leave (extended duration)
- Compassionate and compelling reasons Leave
- Cancellation of enrolment
- Deferment (prior to commencement) – please specify reason for request
- Suspension of studies (after commencement)

Please elaborate on your request for Leave:

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

Start date		End date	
Duration (days)		Are you travelling outside Australia?	Yes No
If yes, which country?			
If yes, please provide at least one method of contact (email, phone number, postal address)			

DECLARATION:

I have been provided with a copy of the Deferring, suspending and cancelling the overseas student’s enrolment & Complaints, Appeals Policies and Procedures and Refund Policy and Procedure (if relevant) with this application form	Yes No
I understand I need to contact DHA in regard to the status of my student visa as I may be at risk of my visa being cancelled	Yes No
I understand and agree that as a result of my application, it may be required to implement an intervention plan on my return to catch up classes / sit assessments as outlined briefly below	Yes No

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, attend classes as timetabled and uphold my Payment Plan payments whilst on leave.

Brief details of intervention / strategy /catch up classes to take on student’s return (if required)

Student Full Name		Date	
Applicant’s signature			

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



OFFICE USE ONLY

Authorisation by	
Checked for completeness	Yes No
Outcome	Approved Not approved
Comments	
Reason approved / declined	
I hereby authorise	(name)
to take leave for	(No. of days)
Director signature	
Date	