LEAVE OF ABSENCE APPLICATION FORM



PERSONAL DETAILS								
Student ID								
Given Name(s)				Surname				
Telephone Number				Email Address				
Current Address								
LEAVE OF ABSENCE DETIALS								
Commencing Leave from Semester				Returning in Semester				
Semester(month):			Year:	Semester(month)):	Year:		
 International Students can take a leave of absence for only one (I) Semester Domestic Students can take a leave of absence for up to two (2) Semesters REASON/ GROUND FOR REQUEST 								
INTERNATIONAL STUDENTS	Serious Illne	ess Ple	Please ensure you attach / submit a valid medical certificate with your request.					
	OR	•						
	Exceptional Circumstan		Please provide details of the circumstances below or attach.					
	Details / No (Full reason the request)	for						

ATTACHMENTS								
☐ All documents supporting your application (e.g. Medical certificates)								
Signature:			Date:					
SUBMITTING YOUR REQUEST		 ✓ Completed forms, including all required signatures, should be submitted to info@ciom.edu.au. ✓ Incomplete applications will not be processed. 						
,								
STUDENT ADMINISTRATION USE ONLY								
Outcome of Request:	Appr	oved \square Denied \square						
Approved By:								
Entered in PRISMS			Date Received:					
Student Advised of the Outcome								