Leave From Studies Form

AAPoly Programs

ACADEMIES AUSTRALASIA POLYTECHNIC

Please write in CAPITAL LETTERS only in a black or blue pen

Section A: Personal Details

AAPoly Student ID:

VISA Type:

First Name:

Family Name:

Australian Mobile Number:

Section B: Course / Program Details

Enrolled Program

Course Start: D D / M M / Y Y Y Y

Course End: D D / M M / Y Y Y Y

Section C: Period of Leave from Studies

Leave Start: D D / M M / Y Y Y Y

Leave End: D D / M M / Y Y Y Y

Section D: Reason for Leave from studies (tick all that apply)

☐ Family Issue ☐ Health Issue ☐ Legal Issue ☐ Financial Issue

☐ Other (please describe) _____

_____

_____

Section E: Supporting Evidence *(attach original or certified copies to this form)*

☐ Travel Itinerary ☐ Medical Letter ☐ Legal Summons ☐ Statutory Declaration

☐ AAPoly Student Statement of Purpose ☐ Other (please describe)

Section F: Student Declaration

The information provided on this form is collected for the primary purpose of processing your Leave from Studies request. I have read the AAPoly statement (available at http://www.aapoly.edu.au/student-policies) on privacy and the purposes for which my personal information will be used. I declare that the information I have provided on this form and in support of my application is accurate and complete. I acknowledge that the provision of incorrect information or the withholding relevant information may delay the assessment of my application. I understand that if my application is not approved, I can access the Complaints and Appeals procedure (available at http://www.aapoly.edu.au/gcprocedure).

Student Signature: _____ Date: DD / MM / YYYY

Office use only

☐ Evidence Attached Received by: _____ Date: DD / MM / YYYY

☐ A Approved ☐ R Rejected Signed by: _____ Date: DD / MM / YYYY

Head of Department / Program Coordinator

Reason: _____

_____

☐ Paradigm Updated ☐ Class List updated ☐ LMS Updated ☐ Reported via PRISMS ☐ Student Notified