
APPLICATION FOR LEAVE

Use this form to apply for a temporary leave request for more than 5 consecutive days. Please ensure you complete all fields in this form and submit your completed form to support@aestudy.com

SECTION 1: PERSONAL DETAILS

First Name

Surname

Course

Student ID

SECTION 2: LEAVE REQUEST

Start Date. ___ / ___ / ___

Return Date ___ / ___ / ___

How many classes will you miss: _____

Reason for application for leave request:
(Please specify and attach documentation for approval to be considered)

SECTION 3: DECLARATION

I declare that to the best of my knowledge, the information I have supplied on this form is true and correct.

I have read and understood the Monitoring Attendance Policy

Student signature

Date