

STUDENT LEAVE of ABSENSE and DEFERRAL REQUEST FORM

Completing this Application Form

Completed forms are emailed to the college as an attachment to support@smei.nsw.edu.au, via the college website, or by post.

Instructions for Completing this Form

The form must be completed in English. Information should be typed, or, if written, block capitals must be used.

Please complete all sections of the form. Missing sections or non-legible content may cause delays in your application.

This form is an official document, so please make sure your statements are true and accurate to the best of your knowledge.

Grounds for Leave of Absence/Deferral

The grounds for a leave of absence/deferral for students are:

Compassionate or compelling circumstances such as:

1. Illness (the student must have a medical certificate that states you are unable to attend classes)
2. Other compassionate or compelling circumstances that, in the opinion of the college, are sufficient grounds for a leave of absence.

1. STUDENT DETAILS

Student ID Number:

Student Name:

Date of Birth:

Course Name:

2. Leave of Absence/Deferral REQUEST

- ✓ I need leave/deferral from my studies in the above course, effective from to because (please write reasons below):

and

- ✓ I've enclosed all the evidence to support my request. The attached evidence is as below:
Evidence 1:
Evidence 2:
Evidence 3:

3. STUDENT DECLARATION

I certify that all information including any supporting evidence provided in this request is true and correct. I also declare that I have read and understood the relevant policies of the college in regard to the leave of absence including fees and charges, and also possible effects on my student visa status under various government legislation.

Signature:

Date:

4. SUBMISSION OF FORM

Please submit the completed form using one of the options below:

Email: support@smei.nsw.edu.au

In person: SMEI, 432-434 Kent Street, Sydney, NSW 2000, Australia

**OFFICE USE
ONLY:**

Leave of Absence request ☐

Approved ☐

Not Approved ☐

Comments:

Approving Officer's
Name:

Signature:

Date: