

Application for Leave of Absence Form - International

General Information

Students considering leave of absence are required to contact the Registered Training Provider (RTO) AGB Training and consult with the staff from the International department.

Leave of absence approval is at the discretion of the Principal Executive Officer (PEO) or nominee and is restricted to a maximum of six months per application. Students are advised to ensure that their leave of absence request is submitted to AGB Training allowing sufficient time for consideration by the PEO (or nominee). **Students will receive written confirmation when their application of leave of absence has been processed.** Whilst on leave it is the student's responsibility to maintain up-to-date contact details. Maintaining progression of study whilst on leave and a monthly study plan may be required.

Taking a leave of absence will affect a student's visa. Students must contact the Department of Home Affairs (DHA) for visa information before submitting this application form. Contact DHA in person or through their website at www.homeaffairs.gov.au.

International students will only be granted a leave of absence by AGB Training in compassionate or compelling circumstances (e.g. illness evidence by a medical certificate, bereavement of close family members such as parents or grandparents, major political upheaval where the student is required to go back to their home country for an emergency).

Title: Mr Miss Mrs Ms Other please specify _____

Student Family Name (as stated on passport): _____

Given Names (as stated on passport): _____ **Date of Birth:** ____/____/____

Contact Phone Number: _____ **Student ID:** _____

Email address: _____

I request leave of absence for the following dates:

Start date _____ End Date _____

Please list all the programs that you wish to take leave of absence from

Course Code	Course Name	Request leave date from:	Request leave date to:

Have you previously been granted a leave of absence from the above programs NO YES

Reason for applying to take leave of absence is: (Tick one box only)

- Academic Difficulties
 Travelling overseas/interstate
 Medical
 Family commitments
 Tuition fee too high
 Support difficulties
 English language difficulties
 Work commitments
 Offered other AGB course
 Financial hardship
 Cross institutional outbound study

Other (please specify) _____

(If insufficient space please attach more information)

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Student Declaration:

Please acknowledge that you have read and understood the following in applying for leave of absence:

My course will be suspended as of the requested leave of absence date once approved. (Only in the relevant semester/terms I am taking leave)

Prior to my approved leave of absence finishing, I am responsible for contacting AGB Training to confirm my recommencement.

Phone: 0478 435 630 or email: internationalsupport@agb.edu.au

I am responsible for keeping my contact details updated during my leave.

If the total period of leave I am requesting exceeds six months (One semester) in a program, then approval of the relevant RTO Board is required.

I may be required to provide additional documentation to support my application, e.g. medical certificate.

AGB Training may contact the issuer of any relevant certificates for validation purposes.

I understand that AGB Training collects, stores, and uses personal information in accordance with the college Privacy Policy, available at <https://www.agb.edu.au/about/policy-and-procedures>

Student Signature: _____ Date: ____/____/____

Student Support Officer Name: _____

Student Support Officer Signature: _____ Date: ____/____/____

Monthly Study plan implemented Yes No If yes attach a copy

Office Use Only:		
Leave of absence granted <input type="checkbox"/>	Leave of absence not granted <input type="checkbox"/>	
_____ Signature of PEO/Nominee	_____ Printed Name of PEO/Nominee	_____/_____/_____ Date
_____ Processed by	_____ Printed name of processor	_____/_____/_____ Date
Completed in PRISMS Date: ____/____/____ Initial: _____		