

Request for

LEAVE OF ABSENCE

This form should be used if you are intending to be absent from class for 3 or more consecutive days. Please submit the completed form to Student Services for processing.

If you need to be absent for an extended period and are unable to maintain your program progression, you may need to defer your studies. In this instance please contact the Student Services team so we can guide you through the process.

Instructions:

- 1. Complete the first section below with your leave details and attach any supporting documentation.
- 2. Speak with all of your lecturers and College teachers to ensure you are able to maintain your program progression during an approved absence. If you are an international student travelling overseas during scheduled study breaks and you do not plan on missing any classes you do not need to submit this form.

Use BLOCK LETTERS when completing this form and please keep a copy.

STIIDEN			

Title		Gender	\sqcup M \sqcup F	Unspecified
Family name	First name(s)			
Date of birth $(d/m/y)$	Student ID			
Telephone (home/mobile)	Email			
Full address				
City	State/province	Postcode		
Country				
REASON FOR LEAVE				
LEAVE DETAILS				
I will be absent from my studies from from date $\left(d/m/y\right)$				
Reason for leave of absence (please tick)	I have attached the re-	levant document(s)		
\square Medical \square Compelling or compassionate circumstances \square Other (please state	Yes No			
☐ I am a sponsored student and have provided written approval from my sponsor				
Signature of student		Date		
ENROLMENT DETAILS □ Foundation Studies Program □ Degree Transfer Program □ English Language Progr	ram □ Pre-Master's Proσram. PLEASE.	CHOOSE CAMPUS: □ Adel	laide Campus [Melbourne Campus
I understand that:				
☐ I will be marked absent for the time missed from class if leave is not	approved			
☐ My lack of attendance may affect my final grade/participation score	approved			
☐ Missing class time may cause me to fall behind in my studies and tha	t missing class is not the hest course	of action for academic	01100000	
☐ I will not be able to use this time missed as a valid reason in an appear		of action for academic	success	
☐ It is my responsibility to inform my teachers of my absence	п			
☐ My teachers may not be able to adjust assessments to accommodate i	ma			
☐ I will be unable to seek a refund for this time away from school	ne			
☐ It is my responsibility to catch up on work that I have missed				
☐ It is my responsibility to catch up on work that I have missed	my intended absence			
Drivery We recommend that you read the College's Privacy Policy published on our years	to mum college adelaide edu au/local/			

Privacy: We recommend that you read the College's Privacy Policy published on our website www.college.adelaide.edu.au/legal/Return this form to the University of Adelaide College, 132 Grenfell Street, Adelaide SA 5000 Australia



Request for **LEAVE OF ABSENCE**

PARENTAL APPROVAL

Signature of parent/guardian (required if student is under 18 years old)		Date
Parent's name		
OFFICE USE ONLY		
Student advised (d/m/y)	Ву	
☐ Data updated in Edupoint	☐ Teacher's advised to mark approved leave	
TO BE COMPLETED BY STUDENT SERVICES		
☐ Approved ☐ Not approved	Authorised by (please print)	
Program note (if any)		
Signature		Date