

Received By:
Date:



REQUEST FOR LEAVE FORM (2 weeks or less)

This form is to be completed by students who wish to apply for leave from their course at TAFE SA for 2 weeks or less.

Section A students must liaise with their Program Group to have Section B completed. Once Sections A and B are completed, please return the form, together with your supporting documents, to TAFE South Australia, International Unit (tafesa.international@tafesa.edu.au)

Supporting documents may be any documents that will support the student's request including medical documents and travel itinerary/e-ticket copy.

Section A: Personal details

Full name:			
TAFE SA ID Number:		DOB:	
Address:			
	Suburb:	State:	Postcode:
Email:			
Telephone:	Home:	Mobile:	
Course Name:			
Course Start Date:			
Last Date Attended Class:			

Is this course packaged with any other TAFE South Australia course: Yes / No

If Yes, Course Name: _____

REASON FOR LEAVE *(Please attach any supporting documents)*

Student Signature:	Date:
--------------------	-------

Section B: Program Area Use Only

PROGRAM AREAS COMMENTS

Supported/Not supported

Recommended Recommencement Date after Leave:

Name:	Signature:	Date:
Position:		

Section C: International Office Use Only
INTERNATIONAL UNIT COMMENTS

Leave Granted Leave Not Granted

_____ Date:
International Student Support Consultant or Nominee

Processed by:	Date processed:
<input type="checkbox"/> Program Area notified	<input type="checkbox"/> File to Studylink