

**Submission Time frame for approval: Submit form
NO less than 14 working days prior to leave
commencement date.**

Student Leave Application Form

Leave of absence: Is where a student has a requirement to miss scheduled training for reasons other than specified for a deferment or suspension of studies e.g. illness, medical appointment approved activity by the RTO and is less than three (3) weeks.

If your contact details have changed since you lodged your application, please provide new details and send it to MCOHB in person at reception or via email to admin@mcohb.edu.au otherwise we may not be able to contact you with important information.

Applicant Details

Student ID: _____ Date of Birth: _____
Family Name (as per enrolment registration): _____
Given Name (as per enrolment registration): _____
Phone: _____ mobile phone: _____ student email: _____

Course enrolment Details

Course code: _____ Course title: _____
Has the course already commenced? YES NO
Course start date: _____ Course finish date: _____

Requested leave period:

start date: _____ finish date: _____ Total days/weeks: _____

What is the reason / circumstance for deferral application?

Family/Personal

(e.g. family reunion, family wedding, funeral)

Medical Reason/s

Traumatic experience whilst studying e.g. involved in accident, affected by storms or natural disasters; (local)

RTO not able to offer a pre-requisite unit required to start or complete a course of study

Student wanting leave period that will exceed the published holiday period (explain below)

Other compassionate and compelling circumstances OR Traumatic experience whilst studying (Please specify):

Student declaration:

I have read and fully understood the Deferral, Suspension, Cancellation Policy.

I understand that completing this form does not guarantee leave being granted

I understand that I have a right to appeal through MCOHB's internal complaints and appeals process, in accordance with *Standard 10 (Complaints and appeals) of the National Code of Practice for Providers of Education and Training to Overseas Students 2018* (CRICOS Standards), within 20 working days of this application not being approved.

Student signature:

Date of application:

Office use: *N.B Applications MUST be approved by the Director of Studies or their delegate before education agent is notified and submission to the finance dept. for refund calculation if applicable.*

Required evidence attached

YES

NO

Examples of required evidence: airline tickets departure & return if student is required to return home, medical certificate.

Approved:

YES

NO

If not approved why?

Director of Studies/delegate signature:

Date:

Printed Name:

Date request received:

Received by: **(MCOHB staff name)**

MCOHB staff member position:

Student file updated:

• YES

• NO

Date updated:

MCOHB staff member who updated student file:

Staff member name:

Students' education agent notified:

YES

NO

If Yes: Date notified:

Method education agent notified:

Letter

email