

PERSONAL DETAILS

| | | | |
|--|--|---------------------|----------------------|
| Student ID Number | <input type="text"/> | Family Name | <input type="text"/> |
| Given Name(s) | <input type="text"/> | | |
| Email | <input type="text"/> | | |
| Address | <input type="text"/> | | Post Code |
| Date of Birth | <input type="text"/> | Phone Number | <input type="text"/> |
| Are you an International student? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Citizenship | <input type="text"/> |
| Are you sponsored? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sponsor | <input type="text"/> |

*** If you are a sponsored student you must have approval from your sponsor ***

Currently enrolled in (please circle)

| | | | |
|---------------|-------------------------|------------|----------------|
| ELICOS | Senior Secondary | FSP | Diploma |
|---------------|-------------------------|------------|----------------|

LEAVE OF ABSENCE

Reason for leave of absence:

| | | | |
|----------------------------|----------------------|-----------------------------|----------------------|
| Intended leave date | <input type="text"/> | Intended return date | <input type="text"/> |
|----------------------------|----------------------|-----------------------------|----------------------|

Student requirements

- As a requirement of your student visa you must provide documented evidence for your reason for leave of absence e.g. **medical certificates** and a **copy of your airline tickets** if you are travelling home (must be a return ticket). This request will not be processed without the required documentation.

Other relevant information

- A Leave of Absence for international students is only permitted for a maximum period of one semester on the basis of compassionate or compelling circumstances e.g. illness as evidenced by a medical certificate or exceptional circumstances beyond the student's control, such as bereavement (documentation must be provided)
- Eynesbury College is obligated to notify the Immigration that a student has been granted a Leave of Absence
- Refer to the Leave of Absence Policy on the college website <http://www.eynesbury.navitas.com/policies> for further information

PLEASE READ AND SIGN (Please tick)

- I understand that should I be absent from my current program; I will be liable for all fees and charges, whether paid or outstanding, in accordance with the Eynesbury College Refund Policy. I acknowledge that I have read and understand the Eynesbury College Refund Policy in relation to these matters <http://www.eynesbury.navitas.com/policies>
- I am aware that in order to gain approval for absence I must attend an interview with the appropriate staff member. (Student Services Unit or the relevant Academic Directorate)
- I understand that should I take Leave of Absence and not return to my studies after the leave period, my enrolment at Eynesbury College will cease and Immigration will be notified. I also understand that I am liable for cancellation fees. These fees may be calculated from the date of my original request
- I will be absent from my program in accordance with the information stated on this form
- The leave of absence may take up to **10 working days**. **I must continue to attend class while my application is being reviewed.** If I have not heard back regarding my application after this time I will contact the Student Services Unit

| | | | |
|--------------------------|----------------------|-------------|----------------------|
| Student Signature | <input type="text"/> | Date | <input type="text"/> |
|--------------------------|----------------------|-------------|----------------------|

*** Parent/Guardian to sign if student is under the age of 18 ***

LODGEMENT DETAILS

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|---|--|
| In person: Student Services Ground Floor, Coglin Street Campus | By Email: studentservices@eynesbury.sa.edu.au |
|---|--|

OFFICE USE ONLY

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| SSU sign off | <input type="text"/> | Date received | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| ACADEMIC DIRECTORATE / Manager Student Services Unit | | | |
|--|--|----------------------------------|-----------------------------|
| First day of leave: | | Return date to Eynesbury: | |
| Approval granted: | Yes <input type="checkbox"/> No <input type="checkbox"/> | Approved by: | |
| Academic penalty: | Yes <input type="checkbox"/> (specify) | | No <input type="checkbox"/> |
| Comments: | | | |
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| | | | |
| | | | |
| Signature | | Date | |

| PROGRAM SUPPORT | | | |
|---|---|----------------|---------|
| | Check List | Date Completed | Initial |
| <input type="checkbox"/> Is student is sponsored: | Yes: <input type="checkbox"/> No <input type="checkbox"/> | | |
| <input type="checkbox"/> If yes: | | | |
| <input type="checkbox"/> Contact the Marketing Director for feedback | | | |
| <input type="checkbox"/> Contact the sponsor for approval | | | |
| <input type="checkbox"/> Check student has provided supporting documents e.g. airline ticket, medical certificate/s | | | |
| <input type="checkbox"/> Check student's finances; refer to Kim Kong (refund may be applicable) | | | |
| <input type="checkbox"/> Notify the student's parent and/or agent (if applicable) | | | |
| <input type="checkbox"/> Notify the Accommodation and Welfare Coordinator for U18 (if applicable) | | | |
| <input type="checkbox"/> Notify University / partner institution (if applicable) | | | |
| <input type="checkbox"/> Check PRISMS; notify Immigration if required | | | |
| <input type="checkbox"/> Notify student via email | | | |
| Comments: | | | |
| | | | |
| | | | |

| Program Support Sign Off | | | | | | |
|--------------------------|------|--|-----------|--|------|--|
| PSO | Name | | Signature | | Date | |
| SSU Manager | Name | | Signature | | Date | |

| FINANCE OFFICER | | | |
|--|---------|--|-----------|
| Is the student eligible for a refund? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | Tuition | | Comments: |
| At \$ | week | \$ | |
| Less | % | \$ | |
| TOTAL | | \$ | |
| OSHC | | \$ | |
| Other | | \$ | |
| TOTAL REFUND | | \$ | |
| Has the student filled out request for refund form? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Signature | | Date | |