

PERMISSION OF LEAVE REQUEST FORM

Use this form if you are currently enrolled at Kenvale College and you are requesting leave during your studies.

You can only apply for leave if there are compelling and compassionate reasons to do so.

You need to provide evidence and supporting documents for your reason(s).

A. PERSONAL DETAILS

Student ID:	Title:
Surname:	Given Name:
Email:	Phone:

B. CURRENT COURSE DETAILS

Course Code:	Course Name:
Intake:	Year:

C. REASON FOR THE LEAVE

Please provide the reason why you are applying for the leave, and kindly provide supporting documents. Kindly note that you should have compelling and compassionate reasons to apply for the leave.

- Medical Condition
- Family issues/ personal issues
- other; please advise

D. DURATION OF LEAVE:

Please specify the period when you will take this leave

Please advise when you intend to resume your studies at Kenvale College:

If a student is requesting leave for a full semester, they are required to also complete *1-03- 027 Course Deferral Form*.

E. DECLARATION AND SIGNATURE:

I declare and acknowledge that the information provided and the documents attached to this form are accurate and correct. I also declare that I understand that this request for leave is subject to approval and that I cannot take this leave unless I receive a written confirmation from Kenvale College, as doing so may lead to possible failure in the subjects I am enrolled in and if I am an international student I will be breaching my visa conditions.

I understand that if I fail to provide a compelling and compassionate reason, my request may not be approved.

I understand that if I do not resume my studies on the specified nominated date, then I have to apply for a further permission of leave, and if I am an international student I will be breaching my visa condition and therefore lead to a student visa cancellation.

Student Name:	Student Signature:
Date:	

F. OFFICE USE ONLY:

Academic Department: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Compliance Department: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Head of Academic Department:	Head of Quality and Compliance Department:
Signature:	Signature:
Date:	Date:
Note:	Note: