

Student Leave of Absence Request

Student ID : _____	Name : _____
Contact No : _____	Email : _____
Course : _____	

Duration of leave:
 Start Date : _____ End Date : _____

Reason for leave:

*Note: Leave of Absence requests can only be considered for a **maximum of 2 weeks**.*

Supporting documents submitted (Please tick):

Medical Certificate
 Airline e-ticket
 Others: _____

Student Declaration:
I have read and accept the policy and declare that the information provided is correct and complete. I understand that providing false information to SIC may result in termination of my enrolment and/or entitlements.

Signature: _____ **Date:** _____

Office Use Only

Received By:	Date Received:
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Leave of Absence (Please tick):

Approved
 Not Approved

Signature: _____ Date: _____	Notes: _____ _____ _____
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<input type="checkbox"/> RTOM updated <input type="checkbox"/> Scanned form/documents uploaded	Date _____
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