

LEAVE APPLICATION FORM

**To be completed by all students taking leave for part of or full semester/module.
All relevant fields MUST be filled out or this form will NOT be accepted.**

Part A – Personal Details

Student ID:

Family name:

Given names:

Contact number:

Date of Birth:

Email address:

Where are you / have you been studying?

SAIBT

CELUSA

Part B – Leave Details

- Requested dates may not work with your program, counselling/amendment may be required
- Please check that the dates are in accordance with the academic calendar

Requesting leave for:

Part of a semester (SAIBT students ONLY)

OR

Full semester/enrolment module

Are you staying in the country for this period?

Yes

No

Last date of study: / / (Day/Month/Year)

Date of Return: / / (Day/Month/Year)

Part C – Reason for Leave - documentation is required, see back of form for details

Reason for leave:

Medical

Family

Other, please specify

Please provide details:

Student Requirements:

If a refund is required a **Refund Request form** must accompany this form or it will not be accepted.

Further advice is provided on the REVERSE OF THIS FORM.

Please read it to ensure you are aware of how submission of this form may affect you.

Part D – Student Declaration

Leave will be approved in accordance with the information stated on the reverse of this form.

The leave application process can take up to 2 weeks. If you have not heard back regarding your application after this time please contact the Student Services Centre.

I have read and understood the conditions of leave as stated on this form and my enrolment advice.

Signed: _____

Date: _____

LEAVE APPLICATION FORM

This form must be completed or it will NOT be accepted.

Lodgement details:

In person: Student Services Centre Brookman Building City East Campus, UniSA North Tce, Adelaide	By post: GPO Box 2471 Adelaide SA 5001	By fax: +61 8 8302 1557	By email: saibt-ssc2@unisa.edu.au
---	---	-----------------------------------	---

Withdrawal Grades – SAIBT Students ONLY

Depending on the time of your withdrawal your enrolment and grades may be affected as per below. For information on how this will affect your GPA please refer to www.saibt.sa.edu.au/index.php/quicklinks/saibt-and-unisa-grading-system

Withdraw Period	Enrolment Recorded	Grade on Transcript
Before end of Week 2	No	No subject or grade shown
After end of Week 2 to end of Week 4	Yes	WBC (Withdrawal Before Census)
After end of Week 4 to end of Week 10	Yes	W (Withdrawal)
After end of Week 10	Yes	WF (Withdrawal Fail)

Withdrawal Grades – CELUSA Students ONLY

Withdraw Period	Enrolment Recorded	Grade on Transcript
Anytime	Yes	W (Withdrawal)

Information / Conditions

- If you are a sponsored student you must have your sponsor's approval to take leave from your program.
- If you are an International student on a Student Visa your COE will be amended. You will need to notify DIAC.
- Requested dates may not work with your program, counselling/amendment may be required

Examples of Supporting Documentation Required	OFFICE USE ONLY - Processing Actions
<p><i>*Important: This leave request will not be accepted without supporting documentation that provides evidence of your situation</i></p> <ul style="list-style-type: none"> Medical Certificate <i>Must cover a minimum of 2 weeks or state unable to study</i> Death Certificate Letter from family <i>Must outline legitimate reason for leave</i> Financial evidence, e.g. bank statements Any other documents providing evidence of your situation 	<p>If approved at Academic Directorate:</p> <p><input type="checkbox"/> Refund form provided? <i>Please attach</i></p> <p><u>Student Services Centre Action</u></p> <p><input type="checkbox"/> CoE variation entered</p> <p><input type="checkbox"/> Actioned in MAZE</p> <p><input type="checkbox"/> Student emailed</p> <p><input type="checkbox"/> Forward to finance</p> <p><u>Finance Action</u></p> <p><input type="checkbox"/> <i>Refund? (please circle)</i> Form / Re-credit</p> <p><input type="checkbox"/> Finance action complete Date: ____/____/____</p>

OFFICE USE ONLY - Approval – Leave Application

Position	Name	Signed	Date
Academic Director			

Comments: