

## LEAVE OF ABSENCE REQUEST FORM

**PLEASE ENSURE YOU READ THE CONDITIONS OUTLINED BELOW BEFORE REQUESTING LEAVE.**

The length of approved leave is to be strictly controlled in keeping with the reason for leave. Student must apply for approved leave in writing and submit supporting documentation e.g. medical certificate from a registered medical practitioner, death certificate and return air tickets.

If a leave is requested for more than 2 weeks, students will be required to defer their studies for the duration of the leave and reapply for their visa once their leave is over.

The Institute will notify the Department of Home Affairs (DHA). The Institute will approve leave only under exceptional compassionate circumstances and approval must be granted before leave takes place.

<b>Examples of Circumstances where leave <u>MAY</u> be approved include:</b> <ul style="list-style-type: none"> <li>Hospitalization for an urgent operation /accident /giving birth.</li> <li>The passing away of a close relative.</li> <li>A natural disaster in your home country.</li> </ul>	<b>Examples of Circumstances where leave <u>CANNOT</u> be granted are as follows:</b> <ul style="list-style-type: none"> <li>You would like to take a vacation.</li> <li>You are going to a wedding.</li> </ul>
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### STUDENT DETAILS

Date		Student ID	
First Name		Last Name	
Contact Number		Email Address	
Address			
Course Enrolled			

### APPLY FOR APPROVED LEAVE

Enter the dates for which you would like to request leave.

From  To

**REASON** – Provide a valid reason for applying for leave. It must be specific e.g., details of medical evidence (date, nature of illness, doctor’s name, registration number and qualifications) OR details of exceptional circumstances (how these are beyond your control).

**EVIDENCE** – List the evidence you will provide to the Institution to assist in determining whether approval for leave can be granted.  
*Warning! Authenticity of evidence will be checked and verified.*

<b>Signed:</b>		<b>Printed Name:</b>	
		<b>Date:</b>	

## LEAVE OF ABSENCE REQUEST FORM

### OFFICE USE ONLY

<b>Received By:</b>		<b>Referred To:</b>	
<b>Position:</b>		<b>Position:</b>	
<b>Received Date:</b>		<b>Referred Date:</b>	

### RECORD OF THE OUTCOME

**APPROVED**

**REJECTED**

<b>Signed:</b>		<b>Printed Name:</b>	
		<b>Position:</b>	
		<b>Date:</b>	

<b>Informed Outcome By:</b>		<b>Position:</b>		<b>Date:</b>	
<b>Recorded Outcome By:</b>		<b>Position:</b>		<b>Date:</b>	