

Leave Request Form



Please **complete** and **sign** the form and submit to EQUALS reception or email to customerservice@equals.com.au. We attempt to review all applications within 5 working days however during peak periods, further delays may apply. I am seeking: *(please tick one)*

Leave (short term - up to 28 days) - Dates of requested Leave (inclusive) _____

Deferral (long term - longer than 28 days and up to 1 year) - Dates of Requested Leave (inclusive) _____

Applicant Details

Family Name:		Given Names:	
Date of Birth:		Address:	
Suburb:		Postcode:	
Telephone:		Mobile:	
Email:			
If we cannot reach you while on leave or deferral, please specify another person with whom we can contact regarding your enrolment?			
Contact Person:	_____	Phone:	_____
		Address:	_____

Enrolment Details

What program are you enrolled in?			
Original Start Date as per eCoE		What is your Group Number (if relevant)?	
Do you have any outstanding fees owing to EQUALS?	Yes	No	Unsure
Do you understand that this absence will affect your class timetable/course commitments?	Yes	No	Unsure

Reason/s for Application *(please tick) – (please attach evidence where relevant, e.g. medical certificate)*

Travel		Academic Difficulties		Financial Hardship	
Personal Issues		Health Issues		Other (please specify)	_____
You must attach supporting evidence with your application. Please attach copies of:					
Flight/Airline arrangements (eg tickets) _____					
Medical Certificate _____ Other Evidence _____					

Applicant Declaration

a)	The above information is true and correct;
b)	The information supplied may be provided to the Australian government if requested;
c)	I understand that this application to defer/withdraw or seek leave may affect my student visa. I will contact the Department of Immigration and Citizenship (DIAC) for visa information prior to submitting this form. DIAC can be contacted on 131 881 or via their website at www.immi.gov.au .
d)	I understand that I have 20 working days to access the complaints and appeals process should I wish to appeal the outcome of my application.
e)	I have read and acknowledge the terms and conditions of my enrolment, as outlined in my signed Student Enrolment form and Student Handbook and other documents as may be relevant to my enrolment at EQUALS.
f)	I understand that EQUALS may take legal action to recover any outstanding fees and I will be liable to pay recovery costs.
APPLICANT SIGNATURE: _____	
Date: _____	

OUTCOME				
Application Approved:	YES:	NO:	Date:	Signed:
		Reason: (use reverse side if req'd)		
Student Acknowledgement:				
I acknowledge the above decision on my application:				
Student Name:	Student Signature:	Date:	/	/