

Leave of Absence Application Form

Relevant Standards	Linked Documents	
SRTO 2015: 1.7, 5.2	Deferral, Suspension, and Cancellation of Enrolment Policy	
The National Code 2018: Standard 2.1.8, 9	Student Code of Conduct	
	Academic and General Misconduct Policy	
	Students Complaints and Appeals Policy	
	Withdrawal from Course Form	

Student Details

Name		Student			
		ID			
Current Course					
Start Date:	End Date:				
NOTE: Your requested leave of absence SHOULD NOT EXCEED TWO CALENDAR WEEKS in a designated study period. If compassionate or					
compelling circumstances require you to take a longer leave, you must submit a Deferral and Allowable Suspension of Studies form.					
		•			
	From: To:				
Leave request periods	Are you travelling outside Australia? Yes 🗆	No 🗆			
	Total number of days of absent Da	iys			
		-			
	Support documents:				
Decem <i>(a)</i> for taking					
Reason(s) for taking					
Leave (Please provide as much details as possible)					
much details as possible)					
Student Declaration and	aration and All the information I have provided in this form is true and accurate. I also understand that this leave of absence may				
Signature	impact upon my course progress.				
	Signed:		Date:		

Please fill this form and email to admin@hic.edu.au

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Highgate International College Pty Ltd t/a Highgate International College provider Code: 45710 | CRICOS Code: 03927F



ADMIN use only

Received by		Date:	
Decision	Leave Granted	From	То
	Leave Not Granted	Reason:	
Signature			Date:
Note			