



American College Pty Ltd
ABN 91 130 637 320
RTO 31897
CRICOS Code 03149K



Application for Leave/Deferment/Suspension

Full Name: _____ Student I.D.: _____

Leave Type: (please tick appropriate box)

- Holiday Leave
- Sick Leave
- Deferment – please specify reason for deferment:
- Suspension – please specify reason for suspension:

Please elaborate on your request for Leave:

Please specify the date in which you request to begin and conclude leave:

Start Date: _____ End Date: _____

Length: _____ days

Are you travelling outside Australia?

Yes No If Yes, please specify which country: _____

If Yes, please provide at least one method of contact (email, phone number, postal address)

Contact Number:

Within Australia:

Name: _____ : Phone Number: _____ Relationship: _____

Overseas:

Name: _____ : Phone Number: _____ Relationship: _____



Terms & Conditions

I, _____ hereby understand that as part of the International Student Acceptance Form, Refund Policy, International Student Payment Plan, that it is solely my responsibility to maintain course progress and uphold my Payment Plan payments whilst on leave.

.....
Applicant's signature

.....
Date

A Letter of Approved Leave will be posted to you upon approval. If your leave is not approved, an American College representative will contact you.

Authorisation by the American College Director

I hereby authorise for (name)
to _____ days leave/deferment.

.....
Director's Signature

.....
Date