



## Application for Leave of Absence Form

This form is to be completed by students who wish to apply for a leave of absence. A leave of absence will be granted in compassionate or compelling circumstances. Students are required to provide documentary evidence of such circumstances.

Your visa may be affected by your application so you should contact DHA on 131881 to discuss.

### Student details

Student Name		Student ID	
Date of Application		Course	

I wish to apply for a leave of absence from the course I am enrolled in with per AIM Institute of Health & Sciences. I wish to have this absence for the following reason:

I have discussed the reasons for the leave of absence with the Student Services.  Yes  No

Have your contact details changed since you last advised us of them? Yes  No

If yes, please provide the details below:

Residential Address:	
Suburb & Country:	Postcode:
Tel (Home):	Tel (Work):
Mobile:	Email:

In signing this form, you agree:

- The information provided is true and complete.
- That you have attached all required supporting documents.

<b>Student Signature</b>	
Signed Date	



Office Use Only			
Received By			
Application Status	Approved		Rejected
Processed By		Signature	Date: __ / __ / ____
Staff Comments			