Ransford College

RTO No: 45178 CRICOS No: 03614A

Leave of Absence Form

About this form

This form is to be completed by international students who wish to apply for a leave of absence. A leave of absence will be granted only in compassionate or compelling circumstances, and is usually approved for a period of 2 days up to a maximum of 4 weeks at any one time.

Under Standard 9 of the National Code of Practice for Providers of Education and Training to Overseas Students 2018, an approved leave of absence is recorded as a suspension of enrolment and reported via PRISMS. Taking leave without the College's approval may affect your student visa.

Student details

Student's full name			
Date of birth		Gender	☐ Male ☐ Female ☐ Other
Nationality		Student number	
Unique Student Identifier (USI)			
Address including street number and name, suburb or town, postcode and country			
Postal address (if different)			
Phone number/s			
Email address			

Reason for leave

☐ Death in the family		☐ Serious illness	
☐ Bereavement of close family members		☐ Other (please specify)	
Date of leave		Date of return	

Supporting documents

☐ Medical certificate	☐ Plane ticket

☐ Death certificate	☐ Police report
☐ Other (please specify)	

Declaration

☐ I certify that the information provided is true and correct, and I have provided Ransford College with the supporting evidence required to apply for my leave of absence.

☐ I understand that all fees remain payable during the period of leave, and that any assessments required to be completed on my return will be caught up during the College's scheduled breaks.

☐ I understand my enrolment may be cancelled if I fail to return on the stated date. If my application is not approved and I leave without the College's approval, this may affect my student visa on my return to the country. I understand that if I do not provide supporting evidence for my leave of absence, my request will not be processed.

Name	
Student ID	
Signature	
Date	

INTERNAL USE ONLY

Has the student provided sufficient documentary evidence to support their request?

☐ Yes ☐ No			
Receiving staff member name		Date	
Approved by — Name			
Approved by — Position			
Approved by — Signature			

Student Services checklist

☐ Update RTO Manager

☐ Add variation in PRISMS (only if applicable)

☐ Suspension of CoE (only if applicable)

☐ Inform Academic Manager

Name		Signature	
Date			