SWINBURNE UNIVERSITY OF TECHNOLOGY

Higher Education

# Application For Leave of Absence

## PERSONAL AND PROGRAM DETAILS

FAMILY NAME / SURNAME _____ ☐☐☐☐☐☐☐ STUDENT NUMBER

GIVEN NAMES _____

DATE OF BIRTH _____/_____/_____

ADDRESS _____

_____ POSTCODE _____

TELEPHONE NUMBER _____ MOBILE PHONE NUMBER _____

PROGRAM CODE _____ PROGRAM TITLE _____

CAMPUS _____

## INTERNATIONAL STUDENTS

International students studying on-campus are required to have this form signed by an International Student Advisor at Swinburne International before submitting it to their Faculty office.

International students holding a student or AusAID visa are only permitted to take a leave of absence in compassionate or compelling circumstances.

International Student Advisor Name _____ Signature_____ Date _____/_____/_____

Comments: _____

_____

Refunds to on-campus international students are governed by the International Student Enrolment and Tuition Fee Policy which is located at http://ppd.swin.edu.au/stuinf/InternationalStudentEnrolmentAndTuitionFeePolicy.htm. Please note that if you are an on-campus international student holding a student or AusAID visa, DIAC will be advised of your leave of absence.

## APPLICATION FOR LEAVE OF ABSENCE FROM PROGRAM

| LEAVE OF ABSENCE PERIOD | |
|---|---|
| Teaching Period | Year |
| | |
| | |
| | |
| | |
| | |
| | |

REASONS FOR APPLYING FOR LEAVE OF ABSENCE

_____

_____

_____

_____

DATE OF CLASS LAST ATTENDED / /

## CONDITIONS

1. For domestic students the last date to lodge the application for leave of absence without penalty is the Teaching Period Census date OR prior to commencement of classes for units of study taken in the block mode (for Teaching Period census date refer to your Confirmation of Enrolment/Tax Invoice).
2. Refunds are subject to the return of your University ID card, fee receipt, and any other University property or materials you may have in your possession.
3. No refund of fees will be made after Teaching Period Census dates.

Privacy Statement: Swinburne University of Technology collects, uses and destroys personal information in accordance with our Privacy Policy which can be viewed at www.swin.edu.au/privacy

SIGNATURE OF STUDENT DATE / /

## OFFICE USE ONLY

DATE RECEIVED _____/_____/_____

☐ APPROVED ☐ NOT APPROVED: DUE TO _____

FACULTY DELEGATE _____ DATE OF APPROVAL _____/_____/_____

AWARDING FACULTY _____

ENTERED DATE _____/_____/_____ INITIALS _____

FEES: REFUND DUE ☐ CHEQUE REQ PROCESSED ☐ DATE _____/_____/_____ INITIALS _____