



Registered Training Organisation: 45445

CRICOS Provider: 03728B

STUDENT LEAVE / SUSPENSION FORM			
Policy code	SLS-001	Version 2.3	Effective date: January 2021

PERSONAL DETAILS	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other	Student Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First Name:	Family Name:
Email:	Phone number:
Course Code:	Course Name:

I would like to apply for a: (tick one)

- Leave LESS than 30 calendar days and I will be in Australia during this period
- Leave LESS than 30 calendar days and I will be overseas during this period
- Leave MORE than 30 calendar days and I will be in Australia during this period
- Leave MORE than 30 calendar days and I will be overseas during this period

LEAVE / SUSPENSION

Start Date: ____/____/____

End Date: ____/____/____

Reasons:

Evidence submitted Include:

Declare by the student:

- I have read, understood and agreed to the terms and conditions of St Basil's RTO refund policy as stated in the Student Information Handbook and St Basil's RTO website
- Any evidence that I attach in this form are true and accurate.
- For international students only:
 - I am aware that: as an international student, taking leave during my study period may affect my course progress. This may lead to me unable to complete my course within the duration of my CoE and my study visa.
 - I am aware that it is my responsibility to check with immigration office how this leave may affect my student visa status.
 - I must contact St Basil's RTO Student Liaison Officers staff upon return to study to re-activate my enrolment

Student Signature: _____

Date: ____/____/____

OFFICE USE ONLY:

STUDENT LEAVE / SUSPENSION FORM

Policy code	SLS-001	Version 1.0	Effective date: January 2021	
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The application has been		<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Cancelled
Compliance Manager printed name and signature:		Name: _____		
		Signature: _____		
		Date: / /		
College Manager printed name and signature		Name: _____		
		Signature: _____		
		Date: / /		
Reason for decision				
Date: ____/____/____				