

LEAVE OF ABSENCE APPLICATION FORM

Read this application carefully. Complete all sections and ensure that any supporting documents are attached and certified by a Justice of the Peace or equivalent in the approved form. Write in BLOCK LETTERS using a blue or black pen. Indicate with "N/A" where questions are not applicable.

1. Personal Information			
Student Number:			
Family Name:	Given Name/s:	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs	<input type="checkbox"/> Miss <input type="checkbox"/> Ms
Date of Birth: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
Telephone (H):	Telephone (W):	Mobile:	
Address:			
Suburb/Town	State:	Postcode:	
Email:			
Are you a full-fee paying international student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you on a Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are on a Scholarship, please specify what type?		Value of Scholarship:	
Name of Course:		Are you on FEE-HELP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Length of Leave Requested: <input type="checkbox"/> 1 Term <input type="checkbox"/> 2 Terms (<i>only available for courses above 2 years</i>)			
First Semester of Leave: <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> T3		Year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
I wish to apply for Leave of Absence from my studies in the above course for the following reason(s):			
<i>Documentary evidence in support of the application must be attached where appropriate e.g. medical certificate. Documents in languages other than English must be accompanied by an English translation. Please refer to point 10 of the Terms and Conditions.</i>			
Failure to re-enroll after a Leave of Absence period has expired will be interpreted as a discontinuation of studies			
2. Terms and Conditions			
<ol style="list-style-type: none"> Leave of Absence may be granted for a specified period of one (1) or two (2) terms to students in special circumstances. Leave of absence is normally granted at the commencement of a term. Students resuming an award program after a Leave of Absence shall be subject to the award program requirements that are in effect at the time of resuming their studies. Failure to re-enroll after a Leave of Absence period has expired will be interpreted as a discontinuation of studies unless the student applies for a further extension due to their extenuating circumstances. Failure to re-enrol prior to the census date of the semester that the student is to resume their studies may result in financial and academic penalties. Each Leave of Absence will be assessed on a case-by-case basis and on its merits. Each application must be accompanied by valid supporting documentation. Notification of your Leave of Absence may be provided to various government bodies, including but not limited to, Department of Home Affairs and Australian Taxation Office (ATO). 			

8. For advice on your visa obligations and how your Leave of Absence may affect your obligations, please contact Department of Home Affairs at your earliest convenience.
9. Please refer to the Privacy Policy for further information on the use of your personal information. The Institute will only use your personal information for administrative or educational purposes.
10. Documents in languages other than English must be accompanied by an English translation. The translation must be a certified translation from a National Accreditation Authority for Translators and Interpreters (NAATI) accredited translator. The translator with their full name, address, telephone number and a brief statement outlining their experience in the language being translated, should endorse translations provided by non-accredited translators outside of Australia. This statement may be attached to the translated copy of the documents.

For more information, see the Student Progression, Exclusion and Graduation Policy and Procedures which can be found on our website on www.top.edu.au.

3. Declaration

I declare that I have read and understood the terms prescribed in this Application Form. I confirm that the information provided by me on this form is true and correct. I give the Institute permission to authenticate and seek verification of the information supplied by me in this application.

Signature:

Date: / /

OFFICE USE ONLY

This application must be approved and signed by the Academic and Admission offices.

Academic Office

Outcome: Approved Rejected

Comments:

Name:

Signature:

Date: / /

Admissions Office

Outcome: Approved Rejected

Comments:

Name:

Signature:

Date: / /