



Read this application carefully. Complete all sections and ensure that supporting (certified) documents are attached. Write in BLOCK LETTERS using a blue or black pen. If questions are not applicable, mark the space with "N/A."

## APPLICATION FOR LEAVE OF ABSENCE

### 1. Applicant's Details

TOP Student Number \_\_\_\_\_

Title \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ DOB 

d	d	m	m	y	y	y	y
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Are you a full-fee paying international student?  Yes  No

Are you on an Undergraduate Scholarship?  Yes  No

If Yes, what type? \_\_\_\_\_ Value of scholarship \_\_\_\_\_

Are you on FEE-HELP?  Yes  No

Degree/Course \_\_\_\_\_

Length of Leave Requested (please tick)  1 semester  2 semesters (only available for 2 years course)

First Semester of Leave: Semester \_\_\_\_\_ Year \_\_\_\_\_

I wish to apply for Leave of Absence from my studies in the above course for the following reason(s):

*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 below.*

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### 2. Terms and Conditions

1. Leave of Absence may be granted for a specified period of one (1) or two (2) semesters to students in special circumstances.
2. Leave of absence is normally granted at the commencement of a semester.
3. 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.
4. Failure to re-enrol 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.
5. 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.
6. 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.
7. Notification of your Leave of Absence may be provided to various government bodies, including but not limited to, Department of Border Protection and Immigration (DIBP) and Australian Taxation Office (ATO).
8. For advice on your visa obligations and how your Leave of Absence may affect your obligations, please contact DIBP at your earliest convenience.
9. Please refer to the Privacy Policy for further information on the use of your personal information. Top Education 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. Translations provided by non-accredited translators outside of Australia should be endorsed by the translator with their full name, address, telephone number and a brief statement outlining their experience in the language being translated. 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](http://www.top.edu.au).

## 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 TOP the permission to authenticate and seek verification of the information supplied by me in this application.

Student's Signature: \_\_\_\_\_ Date:

## Office Use Only

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

### TOP Academic Office

Outcome:  Approved  Rejected

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date:

Name: \_\_\_\_\_

### TOP Admission Office

Outcome:  Approved  Rejected

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date:

Name: \_\_\_\_\_