



STUDENT LEAVE AND DEFERMENT REQUEST FORM

(Incomplete form is not acceptable)

Given name: _____ Family name: _____

Date of Birth: ____ / ____ / ____ Student ID: _____

Contact number: _____ Contact email: _____

Contact address: _____

Current course: _____

Deferment / Leave start date: ____ / ____ / ____ Deferment / Leave end date: ____ / ____ / ____

Reason(s):

- Serious illness or injury
- Bereavement of close family member such as parents or grandparents
- Major political upheaval or natural disaster in the home country requiring emergency travel and this has impacted on student's studies
- A traumatic experience which could include:
 - 1) Involvement in, or witnessing of a serious accident
 - 2) Witnessing or being the victim of a serious crime
- Inability to commence or resume your studies due to visa processing delays
- Other: _____

Supporting document(s) attached:

- Medical certificate
- Police report / Certificate
- Travel ticket
- Other: _____

I understand that my deferment / leave of absence will be reported to DIAC

I am aware of my right to appeal the decision within 20 working day.

Student signature: _____ **Date:** ____ / ____ / ____

Office use only:

I recommend that this leave or deferral request be approved: Yes No

Approved by: _____ Date: ____ / ____ / ____

Return class: ____ / ____ / ____

Comments: _____

- Administration
- DIAC advised
- Students name removed from roll

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