

LEAVE REQUEST FORM

Please print neatly in BLOCK LETTERS using BLACK INK.

STUDENT INFORMATION

Student ID: _____

Title (Mr., Mrs., Ms., etc.): _____

Last name: _____

Gender: Male Female

Given name: _____

Telephone Number: _____

Date of Birth (dd/mm/yy): ____ / ____ / ____

Mobile Number: _____

E-mail address: _____

Residential address in Australia: _____

Enrolled Course/s: _____

Leave start date (dd/mm/yy): ____ / ____ / ____

Leave finish date (dd/mm/yy): ____ / ____ / ____

Reason/s for request: _____

Note: This application must be supported by additional documents that can be verified.

Please send completed form to info@griffin.edu.au or submit it to the College reception.

Student signature:

Date: (dd/mm/yy) ____ / ____ / ____

OFFICE ONLY

Name & signature of relevant department approval

Date Processed: ____ / ____ / ____

Administration

Academic

Date Processed: ____ / ____ / ____

Accountant

Student Support