CRICOS Provider Code 00301J (WA), 02637B (NSW)

CURTIN ENGLISH

LEAVE REQUEST FORM
This form is used for students to apply for leave

Instructions
Complete all required details below
Sign the Declaration – you must read the Declaration before signing.
This form must be submitted to Curtin English.

Student Details
Student ID
Telephone

Full Name

Postal Address

Email Address

Course and Class

Sponsored Student □ Yes □ No

Application
If my application is approved, I wish to apply for leave during this period:

Start Date:
End Date:
Number of Weeks:
Date I will return to class:

Reasons for your application
COMPULSORY. Please provide detailed reasons for your application. If you require more space, please attach a separate sheet. Please include Independent, original or certified documentary evidence in your application (e.g. medical certificate, letter from your sponsor, air ticket).


Declaration

I understand that leave will only be given for good reasons and if my attendance is good. Leave may affect my pathway and my visa status. Leave must be authorised by the EFL Coordinator and will only be processed once my visa status has been checked. Sponsored students must receive permission from their sponsor. I will only take leave once I receive email confirmation from Curtin English. If I take unauthorised leave, I will be marked as absent.

I hereby certify that the above information is true and correct.

I authorise Curtin English to obtain any necessary information in relation to this application, based on the supporting documents provided.

OFFICE USE ONLY

Student Advisor
Extension Required: ☐ Yes ☐ No
Amount of weeks:

Authorised by Sponsor: ☐ YES ☐ NO ☐ Not Applicable (Attach letter/email from sponsor)

EFL Coordinator
Authorised: ☐ Yes ☐ No

Name: __________________ Signature: ______________ Date: ______________

Admissions:
Input into eBECAS Staff Initial: ___________ Date: ___________
Input into StudentOne Staff Initial: ___________ Date: ___________
Processed in PRISMS Staff Initial: ___________ Date: ___________
Fees deferred on eBECAS Staff Initial: ___________ Date: ___________