



LEAVE FROM STUDIES REQUEST FORM

Please complete your request in CAPITAL LETTERS only in a black or blue pen

Students needs to fill this form and submit to the Student Support Manager on Administration Office as any errors can delay the process of approving the request.

Note: All requests will be processed within five (5) business working days

SECTION A: PERSONAL CONTACT DETAILS

Given Name: _____

Family Name: _____

Student ID: _____

Contact Details: _____

SECTION B: CURRENT COURSE ENROLMENT DETAILS

Course Name: _____

SECTION C: PERIOD OF LEAVE FROM STUDIES

Leave Start: _____

Leave End: _____

SECTION D: REASON FOR LEAVE FROM STUDIES (TICK ALL THAT APPLY)

Family Issue Health Issue Legal Issue Other Issue

SECTION D: SUPPORTING EVIDENCE (PLEASE ATTACH)

Travel Itinerary Medical Letter Legal Summons Statutory Declaration

I have read the privacy notice (available at <https://www.atlantis.edu.au/forms-policies/>) and understand the purposes for which my personal information may be used.

I have no outstanding tuition fees.

I hereby declare that the information and evidence I have provided is authentic, true and correct.

Student Signature: _____

Date:

ADMINISTRATIVE USE ONLY

Approved Not Approved Further Evidence

WISENET Updated Class List updated LMS Updated Reported via PRISMS Student Notified

Processed by: _____

Date: