Application for Leave From Studies Form

University Drive, Mount Helen P O Box 663 Ballarat, 3353 Victoria, Australia
Telephone: 03 5327 9000 Facsimile: 03 5327 9704

Course Code ☐☐☐ Student ID No. ☐☐☐☐☐☐☐☐

At which Provider Location are you studying at: _____

Surname	First Given Name	Other Given Names

Correspondence Address: (while on leave)	Suburb:	Postcode:
	Telephone:	Mobile:

1. I wish to apply for leave from studies, commencing as follows:
   - ☐ At the end of the current teaching period
   - ☐ At the beginning of the next teaching period
   - ☐ As from the date of lodgement of this form at Student Services

   For a period of: (please indicate)

   ☐ 6 months or ☐ 12 months

2. I expect to resume studies in : ☐ Teaching period ☐☐☐☐ Year

3. Reason for requesting leave from studies (where appropriate, please provide documentation to support your application)

4. If leave is not approved I authorise Student Services to: (please indicate)

☐ WITHDRAW me from my course as from the date indication in Q. 1 **or** ☐ DISREGARD this form (I will continue my studies without a break)

IMPORTANT Information:

a. If you select to withdraw from your course you will forfeit your place in the course, with no guarantee of obtaining a place in the course again in the future.
b. If you wish to retain your course place you must be either: 1. Enrolled or 2. Be on approved leave from studies. If you allow your enrolment to lapse, you will have to re-apply for a place in the course. There is no guarantee that you will obtain a place in your course if your enrolment has lapsed.
c. Please refer to the University Handbook www.ballarat.edu.au/handbook and to the 'Thinking of Leaving' booklet available from the Student Centre before you complete this form.
d. Discuss your application for leave with either your Head of School or Course Coordinator before submitting this form.
e. This application must be lodged with Student Services.

Teaching Period Census Dates: **TP 0**: 28 February **TP 1:** 30 March **TP 2**: 31 May **TP 3**: 31 August **TP 4**: 14 December **TP 9 (full year unit)** 31 May
Please note 20% rule

_____ _____/_____/_____
Student Signature Date

School Office Use Only:

☐ Leave granted until_____ (Teaching Period/Year)

☐ Leave NOT granted

_____
Head of School/Course Coordinator Print Name

_____ _____/____/_____
Head of School/Course Coordinator Signature Date

Student Admin Office Use Only:

Enrolment Record Updated by:	Comments	Date lodged at Student Admin	Distribution White: Student Admin LA Blue: Course Co-ord Pink: Student Admin LP Yellow: Student copy