

**Jasmine Education Group Pty Ltd t/a Queen Anne English College - Queen Anne Business College**

ABN: 551320089025 | National Provider Code: 40458 | CRICOS Provider Code: 03240D

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## 1. Student details

Full Name :  ID :

Course :  Start :  End :

Phone :  E-mail :

Leave start date :  Leave end date :

Please update my contacts as above :    Yes       No  

## 2. Reason for leave of absence:

## 3. Supporting documents attached

**(Form/Request should be supported with one or more of below documents)**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Certificate    | <input type="checkbox"/> Police Report / Certificate |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Travel Ticket               |

Student signature :                       Date :

### Office use only

Task	Staff				Date
<b>Received by</b>					
<b>Request outcomes</b>	<b>Approved</b>	<input type="checkbox"/>	<b>Declined</b>	<input type="checkbox"/>	
	<b>Name</b>		<b>Signature</b>		

Notes/ Reasons