

Leave of Absence Request Form



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

Bankstown Campus: Level 1, 49 Raymond Street, Bankstown NSW 2200 | Sydney City Campus: Level 4,225 Clarence Street, Sydney, NSW 2000 Phone: (02) 97074840 Email: admin@qaec.nsw.edu.au | Website: www.qaec.nsw.edu.au

1. Student details												
Full N	Full Name : ID :											
Cours	Course :				Start :			End:				
Phon	e:			E-r	mail :							
Leave start date :							Leave end date :					
Pleas	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)												
	Medical Certificate Police Report / Certificate											
Other (please specify) Travel Ticket												
Stude	Student											
signa	signature : Date :											
	Office use only											
	Task Staff							Date				
R	Received by											
	Request outcomes	A	pproved			Dec	clined					
		Name			Signatur	е						
Notes/ Reasons												

Leave of absence request form	Jasmine Education Group	Version 3.3			
Last Updated: 13 October 2020	Next Review Date: 13 October 2022				
Authorised by CEO	Page 1 of 1				