Application for Special Leave

To be completed by students requesting special leave. All fields must be completed

Part A: Personal Details			
Student Id:		**DOB:**	
Family Name:		**Given Name:**	
Phone No:		**Email Address:**	
Course code:		**Course title:**	

Part B – PROPOSED DATES FOR Special Leave			
Proposed date from:		**To:**	

Part C – Reasons for Special Leave (attach relevant documents)			
Student sign:		**Date:**	

Part D – Authorisation (Office use only)					
Approved By officer:	**Yes** ☐ **No** ☐	**Sign:**		**Position:**	
Reasons (If Applicable):					
Conditionally Approved:		**Date:**			
Task Processed:	**Yes** ☐ **No** ☐	**Name:**		**Date:**	
Email to student:	**Yes** ☐ **No** ☐	**Sign:**			
Wisent Updated:	**Yes** ☐ **No** ☐	**Notify the trainer:**	**Yes** ☐ **No** ☐		