

## LEAVE REQUEST FORM

Please print neatly in BLOCK LETTERS using BLACK INK.

### STUDENT INFORMATION

Student ID: \_\_\_\_\_

Title (Mr., Mrs., Ms., etc.): \_\_\_\_\_

Last name: \_\_\_\_\_

Gender: Male      Female

Given name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Residential address in Australia: \_\_\_\_\_

Enrolled Course/s: \_\_\_\_\_

Leave start date (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Leave finish date (dd/mm/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason/s for request: \_\_\_\_\_

*Note: This application must be supported by additional documents that can be verified.*

*Please send completed form to [info@griffin.edu.au](mailto:info@griffin.edu.au) or submit it to the College reception.*

Student signature: .....

Date: (dd/mm/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OFFICE ONLY

Name & signature of relevant department approval

Date Processed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Administration

Academic

Date Processed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Accountant

Student Support