

International Request for Leave of Absence



*This form is to be used by international students if you wish to apply to put your studies temporarily on hold.
As leave of absence may affect your visa, you are advised to contact International Student Services prior to completing this form.*

You must read the important information below carefully:

- As an international student you are able to take leave of absence or temporarily put your studies on hold during your course only in certain limited circumstances on the grounds of compassionate or compelling circumstances.
Compassionate or compelling circumstances may include serious illness or injury, involvement in a serious accident or serious illness or bereavement of a close family member.
- **You must attach supporting documentation when applying for leave in the form of medical certificates or other appropriate documentation.**
- The Department of Home Affairs (DoHA) allows leave of absence on compassionate or compelling circumstances for a maximum of one semester or six months. If you take leave for more than six months your electronic confirmation of enrolment (eCoE) and your visa will be cancelled. Therefore, before resuming your studies you must obtain a new eCoE from International and apply for a new student visa.
- In general, you must depart Australia within 14 days from the start date of your leave. You must provide International at Box Hill Institute with a copy of your air ticket. You are only permitted to stay in Australia if your leave of absence is less than 28 days in duration or if you are unable to travel due to medical reasons. In this case a medical certificate must be provided as evidence.
- If you do not provide supporting documents or you have been granted leave for circumstances other than mentioned above Box Hill Institute must inform DoHA that you have ceased your studies. In such cases your visa will be cancelled and before resuming your studies you must obtain a new eCoE from the Institute and apply for a new student visa.
- You should check with the Teaching Centre in which you are enrolled that the course structure allows for you to resume your studies in six months and ask them to confirm this in writing.
- Box Hill Institute recommends that students contact DoHA telephone 131 881 or: www.homeaffairs.gov.au for further advice regarding their particular circumstances.

| Student to complete: | | | | | | | | | | | | | | |
|----------------------|--------|--|--|--|--|--|--|--|--|-----------|--|--|--|--|
| Student ID no. | | | | | | | | | | | | | | |
| Family name | | | | | | | | | | | | | | |
| Given names | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | Postcode: | | | | |
| Telephone | Home | | | | | | | | | | | | | |
| | Mobile | | | | | | | | | | | | | |
| Email | | | | | | | | | | | | | | |

Leave of absence details:

I wish to apply for leave of absence from:

| | | | |
|--|--|------------------------------|----------|
| Course | | | |
| Start date of Leave of Absence | | End date of Leave of Absence | |
| State your reasons for your application for leave of absence (or attach letter) | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| Declaration and signature | | | |
| I understand: | | | |
| <ul style="list-style-type: none"> • that this is a request for leave of absence and that the application will be considered in accordance with the Institute's Leave of Absence Policy • I will be informed of the outcome of this request including the reasons for the outcome • I understand the implications for my student visa • I have attached all required supporting documentation • I will notify the Institute in writing if my circumstances change and I will not be recommencing my studies immediately following the period of approved leave at least 28 days before the end date of Leave of Absence that I have nominated if Leave of Absence is for one semester | | | |
| Signature | | | Date / / |

| | | | |
|--|-----------------------------------|---------------------------------------|----------|
| Office Use Only | | | |
| Please note that all evidence of document/s must be sighted and stamped as "Original Docs Sighted" and the correct date. Please state your name on the evidence of document/s. | | | |
| Received by International Student Administrative Officer Name | | | Date / / |
| Outcome | <input type="checkbox"/> Approved | <input type="checkbox"/> Not approved | Notes: |
| Reason/s not approved (if applicable) | | | |
| Executive Manager or Nominee, International Signature | | | Date / / |
| Action required | Administrative Officer Signature | Date | |
| <input type="checkbox"/> eCoE variation/cancellation | | / / | |
| <input type="checkbox"/> Teaching Centre Advised | | / / | |
| <input type="checkbox"/> Course Exit Form completed (if applicable) | | / / | |
| <input type="checkbox"/> Tuition fees transferred as required | | / / | |
| <input type="checkbox"/> Invoice cancelled (if applicable) | | / / | |
| <input type="checkbox"/> File updated and flagged as deferral | | / / | |