

## International Students

This form is to be completed by international students who wish to apply for a Leave of Absence. A leave of absence will be granted only in **Compassionate or Compelling circumstances** as per Everest Institute of Education (Ei)'s Deferral, Suspension and Cancellation Policy. **Students are required to provide documentary evidence of such circumstances.** Your visa may be affected by your application for Leave of Absence, so you should contact Department of Home Affairs on 131881 or at [www.homeaffairs.gov.au](http://www.homeaffairs.gov.au) to discuss.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Date of Birth : / /

Date of Application: / / \_\_\_\_\_ Course: \_\_\_\_\_

I wish to apply for a leave of absence from the course I am enrolled in with Ei. I wish to have this absence for the following for the following reason:

Compassionate or Compelling circumstances - Please Tick one box below for reasons :-

Serious illness or injury (medical certificate states that the student is unable to attend classes)

Bereavement of close family members (death certificate attached)

A traumatic experience (medical certificate attached)

Others - (please attach additional pages if required) or write below in the box provided:

I have discussed the reasons for the leave of absence with the Director of Operations  Yes  No

Leave of Absence from :- From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Have your contact details changed since you last advised us of them?  Yes  No If yes, please provide below.

Residential Address:

Suburb & Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Tel (Home): \_\_\_\_\_ Tel (Work): \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Please return this form to our office at the details below. We will advise you of the outcome of your application.

**Everest Institute of Education**

**479 King Street, West Melbourne, VIC 3003, Tel: 03 8393 6550 Email: [enquiries@everest.edu.au](mailto:enquiries@everest.edu.au)**

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**OFFICE USE ONLY**

Circle - **Approved / Not Approved** By \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(CEO Signature) (Date)

Course Duration & Timetable affected :- **No / Yes** , If Yes Timetable revised **Yes / No**

Updated on PRISMS **Yes / No** Date Updated \_\_\_/\_\_\_/\_\_\_

Updated by \_\_\_\_\_

Updated on Student Management System **Yes / No** Date Update \_\_\_/\_\_\_/\_\_\_

Entered by \_\_\_\_\_

Student Informed of the Outcome **Yes / No** Informed by \_\_\_\_\_

Documentation Filed in Student File **Yes / No** Filed by \_\_\_\_\_