



STUDENT LEAVE AND DEFERRAL REQUEST FORM

(Incomplete form is not acceptable)

****Return Form** to Kingsway Admin office, Ground Floor, 55-57 Wentworth Avenue, Sydney NSW 2000,

Or Email: enquiry@kway.nsw.edu.au and Cc to sandy@kway.nsw.edu.au

Date: _____

Student Name/ ID: _____

Course Name:	GE AM	GE PM	IELTS		EAP			
Current Class:	PEL	EL	PI	Int	UI	IELTS	EAP	Other

REASON FOR LEAVE:

<input type="checkbox"/>	Serious illness or injury	Medical certificate attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Bereavement of close family members such as parents or grandparents	*Medical certificate attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		*Death certificate attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Major political upheaval or natural disaster in the home country requiring emergency travel and this has impacted on student's studies	Evidence attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	A traumatic experience which could include: 1).Involvement in, or witnessing of a serious accident 2).Witnessing or being the victim of a serious crime	Police or psychologists reports attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Others – Please clarify the detail	Evidence attached	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If Other Reasons: _____

LEAVE OR DEFERRAL REQUESTED:

From: _____ **To:** _____ **Total:** _____

Student Signature: _____ **Date:** _____

OFFICE USE ONLY:

I recommend that this leave or deferral request be approved: Y N

Approved by: _____ **Date:** _____

Return Date: _____ **Return Class:** _____