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:
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<table>
<thead>
<tr>
<th>Course Name:</th>
<th>GE AM</th>
<th>GE PM</th>
<th>IELTS</th>
<th>EAP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Class:</td>
<td>PEL</td>
<td>EL</td>
<td>PI</td>
<td>Int</td>
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</tbody>
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REASON FOR LEAVE:

□ Serious illness or injury
   Medical certificate attached
   YES ☐ NO ☐

□ Bereavement of close family members such as parents or grandparents
   *Medical certificate attached
   *Death certificate attached
   YES ☐ NO ☐

□ Major political upheaval or natural disaster in the home country requiring emergency travel and this has impacted on student’s studies
   Evidence attached
   YES ☐ NO ☐

□ 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 ☐ NO ☐

□ Others – Please clarify the detail
   Evidence attached
   YES ☐ NO ☐

If Other Reasons:
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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: ___________