

## STUDENT LEAVE AND DEFERRAL REQUEST FORM

(Incomplete form is not acceptable

\*\*Return Form to Kingsway Admin office, Level 1, 110 Bathurst Street, Sydney NSW 2000, Or Email: <a href="mailto:enquiry@kway.nsw.edu.au">enquiry@kway.nsw.edu.au</a> and Cc to <a href="mailto:sandy@kway.nsw.edu.au">sandy@kway.nsw.edu.au</a>

Date:												
Student Name/ ID:												
Course	e Name:	GE AM		GE	GE PM		IELTS		EAP			_
Current Class:		PEL	EL	PI		Int	UI IELTS				Other	-
REASON FOR LEAVE:												
	Serious illness or injury					Medical certificate attached					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 Oth	er Reasons:											
LEAV	E OR DEFER	RRAL RE	QUESTE To:	D:			То	tal:				
Student Signature:						Date:						
	CE USE ONLY		or deferra	l req	uest k	oe approv	ved:		ΥC	]	N 🗆	
Approved by:						Date:						
Return Date:						Return Cl	lass:					_