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

Date: 
Student Name/ ID: 

<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: 

Kingsway Student Leave & Deferral request form
V28082014
Updated: Admin