Kingsway Institute CRICOS Provider Code: 03177F Level 3, 84-86 Mary Street, Surry Hills NSW 2010 Phone: +61 2 9283 2388

Email: enquiry@kway.nsw.edu.au Web: www.kway.nsw.edu.au



LEAVE OF ABSENCE FORM

STUDENT DETAILS	
Student ID:	Email:
First Name:	Last Name:
Visa Type:	Mobile:
Address:	
COURSE INFORMATION	
Enrolled Course: ☐ General English ☐ IELTS ☐ EAP	
Leave Start Date: / /	Leave End Date: / /
REASON FOR REQUESTING LEAVE OF ABSENCE	
REASON (Evidence is required when submitting this request)	
DECLARATION	
 I understand and agree that I will continue to attend classes as per usual, until I receive the outcome of my application. I understand that holidays must begin on Monday and end on Friday. I am aware that my leave of absence can affect my existing enrolment/study plan and my academic progress and I agree to such consequences. I understand the changes to my enrolment may affect the status and validity of my visa and that I should contact the Department of Home Affairs for further information. I understand that I need to continue meeting my tuition fee payment schedule while on leave I agree that Kingsway Institute may make to make any enquiries necessary to verify my attached evidence and conduct independent evaluation checks and that I may be requested to submit further information upon request or attend a meeting to discuss this matter further. 	
Student Signature:	Date:
Date Received: Reason: □ Approved □ Rejected	E USE ONLY Email Sent: Yes PRISMS updated: Yes N/A Extension of Studies: Yes No eBECAS updated: Yes N/A Signature: Date:

Leave of Absence Form V3.0 1