

## **Leave of Absence Form**

## PLEASE FILL IN ALL FIELDS ON THIS FORM

## Note:

- This form applies to students who wish to apply for a leave of absence (up to 4 weeks).
- Allow at least 7 working days from lodgement of a full application to be assessed and processed.
- The completed form should be submitted to the Course Coordinator of the relevant Academic Department or via the Student Application Portal <a href="https://applications.npa.edu.au/">https://applications.npa.edu.au/</a>.
- Students may be required to submit supporting evidence.

| Section A – Student Details                            |                  |         |  |
|--------------------------------------------------------|------------------|---------|--|
| Student Number:                                        |                  |         |  |
| Family Name:                                           | Given Name:      |         |  |
| Mobile:                                                | Email:           |         |  |
| Visa Type and Subclass:                                |                  |         |  |
| Residential Address:                                   |                  |         |  |
| Section B – Course Details and Dates of Leave          |                  |         |  |
| Current Course:                                        | C                | Campus: |  |
| Request Start Date:                                    | Date Resumption: |         |  |
| Section C - Reason for applying for Leave of Absence:  |                  |         |  |
| Please provide detailed reason for your leave request: |                  |         |  |

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| Section D – Student Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|
| <ul> <li>I have read and understood the above note and relevant College policies.</li> <li>I declare that the information provided is accurate and the form is fully complete.</li> <li>I acknowledge that the provision of incorrect information or the withholding of relevant information may delay the processing of my application.</li> <li>I understand that it is my responsibility to seek advice from relevant authorities, including the Department of Home Affairs about the possible impacts to my visa.</li> </ul> |                  |  |
| Signature of student:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date (dd/mm/yy): |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |  |
| If the student is under 18, the form is also to be signed by the parent/guardian  Signature of Parent/Guardian:  Date (dd/mm/yy):                                                                                                                                                                                                                                                                                                                                                                                                |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |  |
| Office Use Only – Student Support  Date Application Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Received by:     |  |
| Date Application Necesveu.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Neceived by.     |  |
| Application Outcome: Approved                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Rejected         |  |
| Date processed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Processed by:    |  |
| Further comments (if required):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |  |

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