

APPLICATION FOR LEAVE OF ABSENCE

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| Office Use Only Date Received |
| ____/____/____ |
| Received by |
| _____ |

Use this form if you wish to apply to apply for LEAVE OF ABSENCE from your studies at CHC (suspend your studies for a specified period) either prior to the Census Date in a current semester, or for a subsequent semester.

Applications for leave of absence do not attract a fee.

You may apply for leave of absence after being enrolled in your course for the period of ONE semester, and may take leave of absence for a period of ONE semester. Should a longer leave of absence be sought, please contact your Course Coordinator. Approved periods of leave of absence do not contribute to course completion times.

While it is possible to take leave of absence at any time after being enrolled for one semester of study, please be aware there may be consequences for your studies in terms of the availability and sequencing of units.

Students who apply for leave of absence on or before the Census Date in a current semester and whose applications are approved are given a full refund of any tuition fees or student contribution amounts paid upfront for that semester and no academic penalty is recorded for that semester.

Please note that you may not apply for leave of absence past the Census Date of a current semester. If you wish to discontinue ALL of the units in which you have enrolled for the current semester and the Census Date for that semester has passed, please submit an APPLICATION FOR CHANGE TO UNIT SELECTION form.

See the table below for the forms to use for other actions associated with your enrolment:

| If you wish to: | You should complete a: |
|---|---|
| Change your unit selection (add or drop units) | Application for Change to Unit Selection form |
| Transfer to a new course (within or across schools) | Application to Transfer Course form |
| Withdraw from your course (cease your enrolment completely) | Advice of Withdrawal form |

**PLEASE NOTE THAT PARTICULAR PROCESSES AND DUE DATES APPLY TO EACH OF THE ABOVE.
YOU SHOULD CONTACT YOUR COURSE COORDINATOR SHOULD YOU BE CONSIDERING ANY OF THESE ACTIONS.**

*Please return the completed form to the CHC Reception
(NB: The date of application is the date on which this form is received by CHC).*

You will be advised in writing of the outcome of your application.

Please contact CHC prior to the dates below for the semester in which you intend to resume your studies:

*May 31 if you are returning from leave of absence in Semester 2 of a year
October 31 if you are returning from leave of absence in Semester 1 of the following year*

In the event that you do not contact CHC, your enrolment will be cancelled.

Please provide the details on the following page.

PLEASE PRINT CLEARLY

Name: _____ Student Number: _____

Address: _____

Postcode: _____

Email: _____ Phone: _____

Course Name: _____ Course Code: _____

Are you a domestic or overseas student? Domestic Overseas
If you are an Overseas Student, you must consult the CHC Registrar prior to applying for a leave of absence.Are you in a Commonwealth-supported place? Yes NoAre your studies on a FEE-HELP and/or HECS-HELP loan? Yes NoProposed semester of leave of absence: One Two Year: _____
You may apply for a leave of absence for a period of ONE semester. If a longer period of leave is sought, please contact your Course Coordinator. Please note that you may not take a leave of absence past the Census Date of a current semester. If you wish to discontinue all units in a current semester past the Census Date for that semester, please submit an 'Application for Change to Unit Selection' form.Proposed semester of resumption of studies: One Two Year: _____Have you previously been granted a leave of absence? Yes NoIf Yes, please give the Semester and Year: One Two Year: _____
Please note that approved periods of leave do not contribute to course completion times.Date last attended class: ____ / ____ / ____ **OR** Distance EducationReason for leave of absence:  ***Please attach any supporting documentation***_____

Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY

1. DEAN/COURSE COORDINATOR: Leave approved Yes No Signature _____ Date ____/____/____

Comments _____

2. REGISTRAR: Leave approved Yes No Signature _____ Date ____/____/____

Comments _____

3. STUDENT ADMIN: **Entered** Date ____/____/____ Initials _____

Letter sent Date ____/____/____ Initials _____

Library notified Date ____/____/____ Initials _____

4. SCHOOL ADMIN: DE materials returned (if applicable) Yes N/A Date ____/____/____ Initials _____

Practicum Coordinator notified (if applicable) Yes N/A Date ____/____/____ Initials _____

5. BUSINESS OFFICE: Date ____/____/____ Initials _____