



Application for Special Leave

Personal details							
Family Name:				Student #:			
Given Name:				Phone:			
Email:				DOB:			
Course code:			Course title:				
PROPOSED DATES FOR Special Leave							
<input type="checkbox"/> Proposed date from				To:			
Reasons for Special Leave (attach relevant documents)							
Student sign:				Date:			
Authorisation (Office use only)							
Approved By office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sign:		Position:		
Reasons (If Applicable):							
Conditionally Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date:				
Task Processed	<input type="checkbox"/> Yes	Name:				Date:	
Email to student	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sign:				
Wisenet Updated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Notify to Trainer	<input type="checkbox"/> Yes	<input type="checkbox"/> No		