Canberra Institute of Education and Technology

Application for Leave

Student Name: _____

Student Email: _____

Date: _____

Course Enrolled:

_____

Group A ☐   Group B ☐   ☐ Group C

Reason for leave:

_____

_____

First day of leave: _____

Return date: _____

Total number of days: _____

Student Name: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Authorized Person's Name: _____

Position: _____

Signature: _____   Date: _____

Approved ☐   Not Approved ☐

Comments:

_____