

www.aidt.edu.au

1300 561 248

admissions@aidt.edu.au

Leave of Absence Form

Student details										
First Name (s):						Family Name:				
Student ID:						Date of Birth:		1	1	
Email:						Phone Number:				
Course Details										
Course Name:	т —									
Leave of Absence										
	•									
No. of days absent:										
December Leave of Absorbe										
Reason for Leave of Absence										
4										
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Student Signatu	re:					Date:		1	1	

Note

- . If the leave of absence request is approved, the student will receive an email.
- . If the leave of absence request is denied, the student will receive an explanation of the decision from the **Admissions Office.**