**STUDENT LEAVE / SUSPENSION FORM**

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| Complete and sign this Form and forward to GBCA  Address: 337 -339 Latrobe Street, Melbourne 3000 | | | | | |
| Student Full Name |  | | | | |
| Student ID |  | Date of birth | |  | |
| Email Address |  | Mobile Number | |  | |
| Current address |  | | | | |
| Course Code and Title |  | | | | |
| I would like to apply for a suspension of study during an official study period for: | | | | | |
| Less than 30 days | | | More than 30 days | | |
| I will be in Australia during this period | | | I will be in Australia during this period | | |
| From date: |  | | Date of return to study: | |  |
| Due to the following reason: | | | | | |
| serious illness or injury (provide medical certificate states that the student was unable to attend classes) | | | | | |
| bereavement of close family members such as parents or grandparents (Where possible a death certificate should be provided); | | | | | |
| major political upheaval or natural disaster in the home country requiring emergency travel and this has impacted on the student’s studies; | | | | | |
| a traumatic experience which has impacted on the student (provide police or psychologists’ reports) | | | | | |
| GBCA is unable to offer a pre-requisite unit, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Others: (please specify and provide supporting documents) | | | | | |
| Declare by the student:   * I have read, understood and agreed to the terms and conditions of the Global Business College of Australia refund policy as stated in the GBCA Student Information Booklet and GBCA website * I provided relevant supporting documents, and they are true and accurate. * For international students only:   + I am aware that: as an international student, taking leave during my study period may affect my course progress. This may lead to me unable to complete my course within the duration of my CoE and my study visa. The extension of CoE may attract an additional fees of $250 per week, as identified in the acceptance agreement signed by me.   + I am aware that it is my responsibility to check with immigration office how this leave may affect my student visa status.   + I must contact GBCA admin staff upon return to study to re-activate my enrolment | | | | | |
| Student Signature |  | | Date: | |  |
| Carer’s signature (for students under 18 |  | | Date: | |  |

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| **OFFICE USE** | |
| Based on the evidence submitted, the application should be:  Approved  Not approved  Reason for recommendation:  Based on the guideline of GBCA policy’s 19  Based on reasonable judgement of “compelling and compassionate” reason that was beyond the student’s control and have impact on student progress and/or well-being. Pls specify.    Name of student support officer: | |
| The application has been  Approved  Not Approved | |
| **COMPLIANCE MANAGER PRINTED NAME AND SIGNATURE** |  |
|  |  |
| DATE: |  |
| **REASON FOR DECISION (if applicable)** |  |