

This form is to be completed by a student who is requesting a Leave of Absence from their studies at ASA Institute of Higher Education. Students may take up to 6 months (2 quarters) total leave throughout the duration of their course.

Depending on the submission date, students may be financially and academically liable for any units you are currently enrolled in. Refer to key dates for liability deadlines.

International students wishing to take a Leave of Absence must provide evidence of compassionate or compelling grounds within their supporting documentation. Failure to provide true and correct supporting documentation and complete the required fields of this form may result in your application being delayed or refused.

Return completed form and supporting documentation to info@asahe.edu.au

Please refer to the [Student Enrolment and Attendance Policy and Procedure](#). Your application will be assessed based on the timeline outlined within the procedure, (10) ten working days.

Section 1: Personal Information

Student ID	<input type="text"/>	Student Name	<input type="text"/>
Course	<input type="text"/>		

Section 2: Leave of Absence Information

When do you wish to begin your leave of absence?	Quarter	<input type="text"/>	Date	<input type="text"/>
When do you plan to return to your studies?	Quarter	<input type="text"/>	Date	<input type="text"/>
Have you previously taken a Leave of Absence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Section 3: Reason for Leave of Absence

Please provide the reason for Leave of Absence application:

<input type="checkbox"/> Personal Illness or Injury	<input type="checkbox"/> Family Illness or Emergency
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Hardship or Trauma
<input type="checkbox"/> Other – Please enter details below	

If the information provided does not fit in the above box, please attach the details in a separate document

Section 4: Supporting Documentation

International students must provide supporting documentations with a leave of absence application request to be considered for review. Documents clearly outline compassionate or compelling circumstances experienced by the student.

<input type="checkbox"/> Medical Certificate/Report	<input type="checkbox"/> Police or Incident Report
<input type="checkbox"/> Statutory Declaration	<input type="checkbox"/> Court or Legal document(s)
<input type="checkbox"/> Counsellor or Psychologist evaluation/ recommendation	<input type="checkbox"/> Other – Please enter details below

If the information provided does not fit in the above box, please attach the details in a separate document

Section 5: Student Declaration

- I declare that, to the best of my knowledge, the information provided in this application form and all supporting documentation is true and correct
- I understand that any incomplete information may lead to the return of my application, or I may be contacted at any time regarding my application for further information. Failure to return the required information may result in the application being refused
- I understand that dependent on the day of submission I may be financially liable for currently enrolled units and any outstanding amounts from prior quarters.
- I authorise ASA to make necessary enquiries in the assessment and verification of this application and to use any information supplied in this application for that purpose.
- I have read and understood the Deferral, Suspension and Cancellation Policy and Procedure

Student Signature

Date