

## Hallmark Institute

# Leave of Absence (Course Suspension) Request Form

### Student Declaration:

I \_\_\_\_\_ (full name)  
have provided Hallmark Institute (the Institute) with the supporting evidence required to apply for my leave of absence.

I declare that the information I supplied is accurate in all sections of this application. I understand the Department of Home Affairs (DHA) makes the final decision on whether to approve the suspension of studies. I understand that all fees are fully paid for the time of suspension as well as any assessments that are required to be completed on my return will be caught up during the Institute/s scheduled breaks.

I understand my enrolment may be cancelled in my failure to return on the stated date. In the event of my application is not approved, I understand that if I leave without approval by the Institute, this may affect my student visa on my return to the country. I understand if I do not provide any supporting evidence for my leave of absence, my request will not be processed.

### Student Declaration

Signature		Date	
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### Personal Details

Student ID		Date of Application	
Given Name(s)		Surname	
Phone		Email	
Address			
Course			
Course			

### Visa Type

<input type="checkbox"/> Student
<input type="checkbox"/> Working

<input type="checkbox"/> Other (please specify):			
Note: Non-student visa holder's leave approval is subject to class and subject availability			
<b>Reasons for Leave</b>			
<input type="checkbox"/> Death in the family			
<input type="checkbox"/> Family member in serious or severe illness			
<input type="checkbox"/> Involved in legal or court case			
<input type="checkbox"/> Suffering from severe illness			
<input type="checkbox"/> Accident			
<input type="checkbox"/> Pregnancy			
<input type="checkbox"/> Other (please specify):			
<b>Supporting or Required Documents</b>			
<input type="checkbox"/> Death Certificate			
<input type="checkbox"/> Medical Evidence			
<input type="checkbox"/> Police or Court Record			
<input type="checkbox"/> Others			
<b>Other additional document (if applicable)</b>			
Date of Leave		Date of Return	
Plane Ticket		Receipt of Account	

<b>Student Declaration</b>			
Signature		Date	
Received By (Staff)		Date	

<b>Office Use Only</b>			
Accounts Clearance	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Comments:
Academic Clearance	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Comments:
Administrative Clearance	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Comments:
<b>Requested Document Receiving Details</b>			
I hereby declare that I have received the requested documents.			
Student Signature:			
Issuing Staff Signature:			