

REQUEST FOR

LEAVE OF ABSENCE

This form should be used if you are intending to be absent from class for 5-14 consecutive days, if you expect to miss the start of any study period, or if you are an Overseas student under 18 years of age and you will be travelling overseas during regular study breaks. Please submit the completed form to Student Services for processing.

If you need to be absent for an extended period and are unable to maintain your program progression, you may need to defer your studies. In this instance please complete the Intermission/Deferral of Studies form.

Instructions:

- 1. Complete the first section below with your leave details and attach any supporting documentation.
- 2. Speak with all of your Lecturers to ensure you are able to maintain your program progression during an approved absence. If you are an Overseas student travelling overseas during regular study breaks and you do not plan on missing any classes you may skip this section.
- 3. If an assessment is due in the period you will be absent, you should consider applying for Special Consideration by completing a Special Consideration application form available from the Assessment Policy. Special Consideration will be assessed in accordance with the Special Consideration guidelines within the Assessment Policy. Applications for Special Consideration must be received before the assessment event or within 72 hours of the assessment event. Any Applications for Special Consideration received outside of this timeframe will be declined.

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY.

Personal details					Leave details			
Title Mr Ms Other (please specify):					I wish to intermit my studies from date (d/m/y): To:			
Family name					During Trimester:			
					1 2 3 of the year:			
First name(s) Male Female					Reason for leave of absence (please tick):			
					Medical Overseas Other (please state):			
Date of birth (d/m/y)		Student ID			I have attached the relevant document(s)			
				Yes No				
Telephone (home/mobile)					Signature		Date	
E-mail								
Full address					Enrolment details			
City			Postcode		I am enrolled in the following (please tick):			
City		T dated at			Current campus (please tick):			
State	Country				Adelaide Brisbane Melbourne Sydney Online			
					Undergraduate programs	Postgraduate progr	ams	
					Diploma of Business	Graduate Certif		
Reason for leave					Bachelor of Business			
					Bachelor of Business (Accounting)	Graduate Diplo Business Admi		
					Bachelor of Business (Hospitality		ness Administration	
					and Tourism Management) Bachelor of Business (Marketing)		ficate in Accounting	
					bachelor of business (Marketing)		essional Accounting	
						Master of Acco		
					Date studies commenced (d/m/y)			
Privacy: We recommend that you r	ead Kaplan'	s Privacy Policy	published on our	website www. l	kbs.edu.au/privacy			
Return this form to your Kaplan Bu	siness Scho	ol campus adm	issions office:					
Adelaide Brisband		Brisbane	e		Melbourne	Sydney		
•		,	Level 3, 252 St Pauls Terrace Spring Hill, Brisbane QLD 4000		Level 4, 370 Docklands Drive Docklands, Melbourne VIC 3008	Level 8, 540 George Street Sydney NSW 2000		
			Tel: +61 (0)7 3872 3800 Email: kbsbri.studentservices@kbs.edu.au		Tel: +61 (0) 3 9626 4576 Tel: +61 (0) 2 8248 Email: kbsmel.studentservices@kbs.edu.au Email: kbssyd.stu		758 ntservices@kbs.edu.au	
Office use only								
Student advised (d/m/y) Advised by					Data updated in EduPoint (d/m/y)			
To be completed by the Registr	ar or Autho	rised Delegate	1					
Approved		NOT Approved			uthorised by (please print)			
Program note (if any)					Signature Date		Date	
					-			