

Application for Leave

Note:

- No request for leave will be processed until this form is fully completed.

Please tick (✓) the relevant information

Section 1: Personal Details

Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/>		Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: ___/___/___
First Name:	Last Name:	Student ID:	
Address:			
Suburb/Town:	Post Code:	Country:	
Mobile:	Phone (home):		
Email Address:	Campus:		
Course in which currently Enrolled:	Course Code:		

Section 2: Period of Leave required

Dates for leaves: From ___/___/___ To ___/___/___	Total no. of days: _____
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Reason for Request:

I have attached Supporting Documents of my request with this application

Section 3: Student Declaration

I, _____ (Applicant) hereby declare that the information contained in this application is true. The choice to change the course/intake/campus is mine, I understand that AHMI will issue me a new CoE(s) and there may be associated fees which I agree to pay.

Signature: _____ Date: _____

Section 4: Office Use Only

Assessing Staff Name:	Associated Fees (if any):
Comments:	
Staff Signature:	Date:
Application Outcome: Approved <input type="checkbox"/> Decline <input type="checkbox"/>	Student advised by: Email <input type="checkbox"/> Phone <input type="checkbox"/>
Update PRISMS: Yes <input type="checkbox"/> No <input type="checkbox"/>	Update RTO Manager: Yes <input type="checkbox"/> No <input type="checkbox"/>

Application Submission

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