

**Elite Education Institute Pty Ltd trading as Elite Education Institute**

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Elite Education Institute

**STUDENT REQUEST LEAVE FORM**

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_

Student ID \_\_\_\_\_ Study course: \_\_\_\_\_ DOB: \_\_\_\_\_

First day of leave: \_\_\_\_\_ Last day of leave: \_\_\_\_\_

Returning to Elite Education Institute on: \_\_\_\_\_

Contact address of destination: \_\_\_\_\_

Contact phone number/s: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please specify reasons for Leave request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

*OFFICE USE ONLY:*

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

This form must be completed and returned to the College Office 7 days prior to the first day of your request.  
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Student's Name: \_\_\_\_\_

Year: \_\_\_\_\_

Your leave has been approved.

Your leave has not been approved.

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Authorised signature