INSTITUTE OF MANAGEMENT & COMPUTING

Be educated & feel empowered

Date:_____

STUDENT LEAVE APPLICATION FORM

This form is to be used by the students for all leave applications including medical leave. All medical leave applications must be supported by a valid medical certificate and submitted at College Reception prior to the leave or not later than three days after expiry of the leave.

Name of the student: _____

Department/Class: _____ Registration no: _____

Email ID: _____ Contact no:_____

Duration of Leave: From _____ To _____ No. of Days_____

Nature of Leave: Medical ☐ Other ☐

Reason for Leave:

Attachments: ☐ Medical Certificate ☐ Other (Please Specify) _____

☐ **Any approved leave may impact your CoE, course progress, and may require reporting on PRISMS**

_____ _____

Signature of Student **Verified By: (Class Teacher)**

☐ **Recommended** ☐ **Not Recommended**

_____ _____

Signature of Parent/Guardian **Head of Department**

Comments by HOD in case of not recommended:

Note:

- Duly filled and signed Leave Application Form to be submitted at College Reception.
- Student is responsible to cover for the missed courses work / assignment.
- Attach duly signed medical certificate/reports by medical officer / doctor in case of medical leave

For Office use only:

Additional Administrator Comments:

Privacy Notice: *Information collected is used for lawful educational and compliance purposes under the Privacy Act 1988 (Cth) and the VET Data Policy. Details may be shared with government agencies (e.g., PRISMS, NCVER) as required.*