

STUDENT LEAVE FORM

Student Details:

- **Family Name:** _____
- **Given Name(s):** _____
- **Student ID:** _____
- **Current Address:** _____
Postcode: _____
- **Telephone:** _____
- **Email:** _____

Leave Request Details:

I wish to apply for leave from ____ to ____

Type of Leave: (Office Use – Please tick the applicable category)

- Medical Leave
- Compassionate Leave
- Personal Leave
- Other (Please specify): _____

Reason for Leave:

(Attach supporting documents where applicable.)

Supporting Documents (Please tick & attach):

- Medical Certificate
- Bereavement Documentation (e.g., official notice, funeral confirmation)
- Other (Specify): _____

Student Declaration:

I understand that:

- I must provide valid supporting documents.
- Failure to return on the approved date or extend leave **may result in absence being recorded**, affecting my attendance and visa status.
- It is my responsibility to **inform the college at least two (2) working days** in advance if I need to extend my leave.
- If my leave affects my **CoE (Confirmation of Enrolment)**, it may impact my student **visa**, and I should seek advice from the **Department of Home Affairs**.

Student Signature: _____ **Date:** _____

For Office Use Only

Approved Not Approved

Leave Type: Medical Compassionate Personal Other: _____

Comments: _____

Staff Name: _____ **Position:** _____

Signature: _____ **Date:** _____

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