



## Application for Leave of Absence Form

This form is to be completed by students who wish to apply for a leave of absence. A leave of absence will be granted in compassionate or compelling circumstances as per ASTAR Training Institute Deferral, Suspension, Cancellation and Transfer Policy. Students are required to provide documentary evidence of such circumstances.

Student Name:

Student ID:

Date of Application:

/ /

Course:

I wish to apply for a leave of absence from the course I am enrolled in with ASTAR Training Institute. I wish to have this absence for the following for the following reason:

I have discussed the reasons for the leave of absence with the Head of Studies  Yes  No

Have your contact details changed since you last advised us of them?  Yes  No If yes, please provide below.

Residential Address:

Suburb & Country:

Postcode:

Tel (Home):

Tel (Work):

Mobile:

Email:

### Signatures

#### Student

Signed:

Printed Name:

Date:

Please return this form to our office at the details below. We will advise you of the outcome of your application

**Please return your Deferral Form and supporting documents to:**  
ASTAR Training Institute Suite 5 & 6, 55 Phillip Street, Parramatta NSW 2150  
Parramatta NSW 2150 or [info@astartraining.edu.au](mailto:info@astartraining.edu.au)