Sydney City College of Management Pty Ltd (SCCM) ABN: 89 606 547 611, CRICOS Provider: 03620C, RTO: 45203 Address: Level 2, 17 Macquarie Street, Parramatta, NSW 2150

Telephone: +61 2 8872 0435 Email: studentsupport@sccm.edu.au Website: www.sccm.edu.au



Student Leave of Absence Form

This form is to be completed by international students who wish to apply for a leave of absence. A leave of absence will be granted in compassionate or compelling circumstances as per SCCM's Deferral, Suspension and Cancellation Policy and Compassionate and Compelling Circumstances Policy. Students are required to provide documentary evidence of such circumstances. Please email your completed form to Student Support at studentsupport@sccm.edu.au. Please make sure to attach all required documents.

Section 1: Student Details							
Student Name							
Student ID							
Course Title							
Section 2: Duration of Leave							
Requested Leave Da	tes						
Leave start date (dd/m	m/yyyy) Leave end			d date (dd/mm/yyyy)			
Total number of weeks	s						
Section 3: Reason	n of Leave &	& Supporting Evid	ence				
Please tick the most appropriate box that gives the reason for your action and provide the relevant supporting documentation. All supporting documents must be in English or be translated into English and certified.							
	Reaso	on		Supporting/	Required Evidence		
	Medical Certificate states that the student was unable to attend classes						
☐ Serious illness or i	njury				nd classes		
☐ Serious illness or in☐ Serious illness or in☐		mily members		was unable to atten	nd classes that states the situation		
	njury of close fa			was unable to atten			
☐ Serious illness or in	njury of close fa			was unable to attended Medical Certificate Death Certificate			
☐ Serious illness or in☐ Bereavement of clo	njury of close fa			was unable to attended Medical Certificate Death Certificate	that states the situation		
☐ Serious illness or in☐ ☐ Bereavement of clo ☐ Victim of a serious ☐ ☐ Involved in legal or	njury of close fa ose family mem crime court action		specify belo	was unable to attended to atte	that states the situation sychologists' Report ourt Record		
☐ Serious illness or in☐ ☐ Bereavement of clo ☐ Victim of a serious ☐ ☐ Involved in legal or	njury of close fa ose family mem crime court action	bers	specify belo	was unable to attended to atte	that states the situation sychologists' Report ourt Record		
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File Name: SMD29 Student Leave of Absence Form			Apr 2023	Apr 2024	2.0	

SCCM Representative Signature

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Section 4: Student Declaration							
 □ The information provided by me is true and correct. □ I have consulted with responsible SCCM staff about my options. □ I have attached supporting documents as required by the form. □ I have read and understand the information above. 							
Student Signature				Date			
				_			
OFFICE USE ONLY							
Supporting Documentation Attached?			□ Yes	1	No.		
Total Fees Paid			□ Yes	1	No		
If No, Total Fees Owning							
Fees Owning Received			☐ Yes	1	No		
Decision Outcome			☐ Approved		Declined		
Reason(s) for Outcome							
Student Notified			□ Yes		No		
SCCM Representative Name Position							

Date