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

SYDNEY CITY COLLEGE OF MANAGEMENT
RTO CODE: 45203 I CRICOS PROVIDER CODE: 03620C

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 Dates

Leave start date (dd/mm/yyyy)		Leave end date (dd/mm/yyyy)	
Total number of weeks			

Section 3: Reason of Leave & Supporting Evidence

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.

Reason	Supporting/Required Evidence
☐ Serious illness or injury	Medical Certificate states that the student was unable to attend classes
☐ Serious illness or injury of close family members	Medical Certificate that states the situation
☐ Bereavement of close family members	Death Certificate
☐ Victim of a serious crime	Police Report or Psychologists' Report
☐ Involved in legal or court action	Police Report or Court Record
☐ Other compassionate compelling circumstances: Please specify below and attach supporting evidence.	

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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	☐ No
Total Fees Paid	☐ Yes	☐ No
If No, Total Fees Owning		
Fees Owning Received	☐ Yes	☐ No
Decision Outcome	☐ Approved	☐ Declined
Reason(s) for Outcome		
Student Notified	☐ Yes	☐ No

SCCM Representative Name		Position	
SCCM Representative Signature		Date	