

# Student Leave Request Form

Please complete all information and submit to reception for consideration.  
CCEB will then let you know if your request is approved.

This form **MUST** be submitted at least 2 weeks before the start of the leave requested.

## Student Details

Family Name: ..... Student Number: .....  
 First Name: ..... Date of Birth: .....  
 Contact Address: .....  
 Email: ..... Phone Number: .....  
 Type of Visa: ..... Visa Expiry Date: .....  
 Course: .....

## Request

Leave (holiday) requested from ...../...../..... until ...../...../..... (Must be a full week Monday-Friday)  
 Number of weeks requested .....

## Reason for Request

Details: .....  
 .....  
 .....

## Declaration

I understand that if I make any other changes to the above request after the documents have been processed; there will be an administration fee of \$50.00

I declare that the above is a true statement to the best of my knowledge and that by signing below I agree not to make any further claims against Cairns College of English and Business for any compensation, financial or otherwise. I take full responsibility for this decision and understand that Cairns College of English of Business will inform the relevant Government bodies and departments of my decision to change my enrolment status.

Student Signature: ..... Date: .....

Guardian Signature (if student is under 18): .....

CCEB Office use only			
Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Initial
Staff member signature:	Received		
Date:	Changed in Stars		
Any other notes:	Changed in PRISMS (if reqd)		