

Short-Term Leave Application Form

| Part 1. PERSONAL AND COURSE INFORMATION | | | |
|--|--|--|--|
| Full Name | | Student ID | |
| Course/ Program Name | | | |
| Part 6. SHORT-TERM LEAVE DEFINITION | | | |
| <p>Short-term leave refers to an approved absence from scheduled classes or study for a period of up to four (4) weeks within a teaching period, granted on the basis of compassionate or compelling circumstances (e.g., illness, family emergency, bereavement, cultural or religious commitments).</p> <p>Students are required to:</p> <ul style="list-style-type: none"> Catch up on missed learning via Moodle/Meshed. Contact lecturers to clarify missed content or assessments. Submit assessments by due dates unless Special Consideration has been approved. Note: For international students, short-term leave may impact attendance and visa compliance if extended beyond four weeks. Provide supporting documents (see Evidence checklist below) <p>Evidence checklist (attach PDFs or clear photos):</p> <ol style="list-style-type: none"> One of: medical certificate, death certificate, police/official letter, hospital/authority notice (must show dates and, where relevant) English translation if the document isn't in English (a simple certified translation is acceptable). Travel itinerary or booking showing flight dates and destination. | | | |
| Supporting Documents Attached? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Part 7. STUDENT DECLARATION | | | |
| <input type="checkbox"/> I declare that the information provided is true and accurate. I understand my responsibilities during this period of absence and acknowledge that extended absence may affect my academic progress and, if applicable, visa compliance. | | | |
| Student Signature: | | Date: | |

| LYONS COLLEGE OFFICE USE ONLY | | | |
|--|--|------|--|
| Finance Department Approval By | | | |
| Outstanding fees | <input type="checkbox"/> Yes - \$_____ <input type="checkbox"/> No | | |
| Signature | | Date | |
| Academic Department Processed By | | | |
| Outcome of request <input type="checkbox"/> Granted <input type="checkbox"/> Declined <input type="checkbox"/> Further information requested | | | |
| Leave Period Approved: | ____ / ____ / ____ to ____ / ____ / ____ | | |
| Program Coordinator Signature | | Date | |
| Administration Department Processed By | | | |
| Student Management system | <input type="checkbox"/> updated | | |
| Signature | | Date | |