TRAINING MASTERS PTY. LTD.
RTO Code: 41479 | CRICOS Provider Code: 03510J | ABN: 72 611 635 128
Level 3, 84–86 Mary Street, Surry Hills NSW 2010, Australia
T: (02) 8278 7722 **E:** admissions@tm.nsw.edu.au **W:** www.tm.nsw.edu.au

Leave of Absence Request (LOA) Form

❒	**Medical Certificate**
❒	**Airline Ticket**
❒	**Letter from Student**
❒	**Other Documentation** (Please specify :.....)

Student Name: _____

Student ID: _____ Date of Birth: _____

Current Address: _____

Home Phone No.: _____ Mobile Phone No.: _____

Email Address: _____

Course: _____ Fees status: _____

Leave duration (from & to date): _____ Back to class date: _____

Reasons for / details of request: *(Please attach copies of documentary proof if applicable.)*

_____

_____

_____

_____

_____

Note: All required documents must be provided <u>within 7 days</u> of submitting this form. Failure to do so may result in your LOA being disapproved.

<u>FOR ADMINISTRATIVE USE ONLY</u>:

Student Name: _____ Date Received: _____

Received By: _____ Signature: _____

Application Status: ☐ Approved ☐ Rejected

Approved By: Name: _____ Signature: _____ date:_____

Note: All required documents must be provided <u>within 7 days</u> of submitting this form. Failure to do so may result in your LOA being disapproved.