



## Richmond School of Business (RSB) Leave of Absence (Course Suspension) Request Form

### Student Declaration:

I \_\_\_\_\_ (full name)  
have provided Richmond School of Business (the School) with the supporting evidence required to apply for my leave of absence.

I declare that the information I supplied is accurate in all sections of this application. I understand the Department of Home Affairs (DHA) makes the final decision on whether to approve the suspension of studies. I understand that all fees are fully paid for the time of suspension as well as any assessments that are required to be completed on my return will be caught up during the School's scheduled breaks.

I understand my enrolment may be cancelled in my failure to return on the stated date. In the event of my application not being approved, I understand that if I leave without approval by the School, this may affect my student visa on my return to the country. I understand if I do not provide any supporting evidence for my leave of absence, my request will not be processed.

Signature		Date	
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### Personal Details

Student ID		Date of Application	
Given Name(s)		Surname	
Phone		Email	
Address			
Course			

### Visa Type

Student

Working

Other (please specify):

Note: Non-student visa holder's leave approval is subject to class and subject availability

### Reasons for Leave

Death in the family

Family member in serious or severe illness

Involved in legal or court case

Suffering from severe illness

Accident

### Richmond School of Business (RSB)

Suite 1, Level 1 37 George Street, Parramatta NSW 2150 | Ph: +61 2 8844 1000  
Suite 1, Level 8, 168 Exhibition Street, Melbourne, VIC 3000 | Ph: +61 3 9119 6096

ABN: 98 620 121 593 RTO ID:45432 | CRICOS Code: 03717E

RSB Leave of Absence v2.4 June 2024



<input type="checkbox"/> Pregnancy			
<input type="checkbox"/> Other (please specify):			
<b>Supporting or Required Documents</b>			
<input type="checkbox"/> Death Certificate			
<input type="checkbox"/> Medical Evidence			
<input type="checkbox"/> Police or Court Record			
<input type="checkbox"/> Others			
<b>Other additional documents (if applicable)</b>			
Date of Leave		Date of Return	
Plane Ticket		Receipt of Account	

<b>Student Declaration</b>			
Signature		Date	
Received By (Staff)		Date	

<b>Office Use Only</b>			
Accounts Clearance	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Comments:
Academic Clearance	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Comments:
Administrative Clearance	Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	Comments:
<b>Requested Document Receiving Details</b>			
I hereby declare that I have received the requested documents.			
Student Signature:			
Issuing Staff Signature:			