

This form is not for use by commencing students wishing to defer starting their studies.
If this is the case for you, please contact the Student Enquiry Centre:
Townsville 4781 5255 or Cairns 4042 1000

NOT FOR USE BY INTERNATIONAL STUDENTS

1. PERSONAL DETAILS

Student number (8 or 10 digit number)

Title: Dr Mr Mrs Ms Miss Other: _____ Family name: _____

Given names: _____ Telephone: _____

Mobile phone: _____ Work phone number: _____

Current course

Course code: _____ Course title: _____ Campus: _____ Year last enrolled: _____

2. LEAVE REQUEST

Is this a new application for leave of absence? Yes No

Is this an extension to an existing period of leave? Yes No

If yes, please indicate the existing period of leave: From _____ To _____

Have you previously been granted leave in this course? Yes No

If yes, please indicate previous period of leave: From: _____ To: _____

Leave of Absence requested to start: Year: _____ Study Period: _____

I intend to recommence studies in: Year: _____ Study Period: _____

Reason for request [please tick ONE box]

- Health Work Personal Study Abroad
 Cross Institutional Outbound Other studies Other, specify _____

Please provide further information to support your leave request: _____

I understand that, if approved, I will be withdrawn from all subjects for the period of leave granted. I understand that it is my responsibility to investigate the consequence that taking a Leave of Absence might have with regard to census dates and any external bodies (for example effect on Centrelink benefits). I understand that I will retain access to StudentsOnline, eStudent and my JCU email account during the period of leave and that I must continue to monitor my JCU emails and maintain my correct address details through eStudent during this time.

Student Signature: _____ Date: (dd/mm/yyyy) _____ / _____ / _____

IMPORTANT:

Students granted leave of absence must re-enrol by the commencement of their returning study period or late enrolment fees will apply.

JCU will advise you of the outcome of your application.

OFFICE USE ONLY

Max time to complete course: _____ Max leave of absence: _____ LOA already consumed: _____

SSP Status: _____ Academic Status: _____

Data entered: Initials: _____ Date: _____ / _____ / _____

3. APPROVAL

This application has been assessed based on the effect of this and previous absences on the student's capacity to complete the course within the defined maximum time to complete.

Approved Not approved

Comments: _____

Coursework students:

Signature of Head of School: _____ Date: (dd/mm/yyyy) ____/____/____

Signature of Associate Dean/Faculty Registrar: _____ Date: (dd/mm/yyyy) ____/____/____

Name: _____ Username: jc

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 or other _____

Research Students:

Signature of Head of School: _____ Date: (dd/mm/yyyy) ____/____/____

Signature of Graduate Research School: _____ Date: (dd/mm/yyyy) ____/____/____

4. RETURN DETAILS**Coursework Students:****TOWNSVILLE**

[Address to your Faculty Office]
 James Cook University
 Townsville Qld 4811
 Tel: 07 4781 5255

CAIRNS

Student Enquiry Centre
 James Cook University
 Cairns Qld 4870
 Tel: 07 4042 1000

Research Students

Graduate Research School
 James Cook University
 Townsville Qld 4811
 Tel: 4781 5861

INCOMPLETE FORMS OR MISSING DOCUMENTATION MAY DELAY THE PROCESSING OF YOUR APPLICATION.