SWANN COLLEGE

Level 3 ,132 Franklin St,Adelaide SA 5000
www.swanncollege.edu.au

Application for Special Leave

1 PERSONAL DETAILS

Family Name: _____ Student Id: _____

Given Name: _____ Phone:_____

Email: _____Date of Birth: _____

Course Code: _____ Course Title: _____

2 PROPOSED DATES FOR SPECIAL LEAVE

Proposed date from: _____ to: _____

3 REASONS FOR SPECIAL LEAVE

_____
_____
_____
_____
Please attached all related documents

Student Signature: _____   Date: _____

OFFICE USE ONLY

☐ Application sent to RTO Manager   Comments by RTO Manager
☐ Pre-Approved   _____
☐ Not Pre-Approved (please provide reasons)   _____
                                                             _____
Sign_____ Date: _____   _____

☐ Application sent to CEO (if required)   Comments by CEO
☐ Approved   _____
☐ Not Approved (please provide reasons)   _____
                                                             _____
Sign_____ Date: _____   _____

☐ ESOS notes (SMS updated)
☐ Trainer Notified
☐ Approval/refusal letter generated
☐ Approval/refusal Letter Signed
☐ Approval/refusal letter photocopied and filed in student file
☐ Approval/refusal letter given to student
☐ Student advised of reason for refusal verbally and offered counselling if requested

Sign: _____ Date: _____