

# Leave From Studies Request Form

Complete this form and submit it to Student Support or info@ccm.vic.edu.au with supporting evidence. Please allow up to 5 working days for processing. Approval will be confirmed in writing.

## A Personal and course details

Given name

Family name

Student ID

Phone or email

Course code and title

## B Period of leave

Leave start date

Leave end date

## C Reason for leave - select all that apply

☐ Family issue ☐ Health issue ☐ Legal issue ☐ Other

Explain your reason and circumstances

## D Supporting evidence - attach relevant documents

☐ Travel itinerary ☐ Medical letter  
☐ Legal summons ☐ Statutory declaration

I declare that the information and evidence provided are true and correct. I understand that CCM will use this information to assess my request and manage my enrolment.

Student signature or typed name

Date

## Office use only

☐ Approved ☐ Not approved ☐ Further evidence

Processed by

Date

Record decision, student notification and relevant student system / PRISMS updates in the student file.