



SPECIAL CONSIDERATION FORM

Please note your request is **not approved** unless you are notified in writing by the school to your **QAT email**.

All changes requiring CoE amendments and will be advised to DHA (international students only).

A detailed explanation and **supporting evidence** must be provided where necessary.

Leave of absence request can be **lodged by Friday** and a response will be given through **QAT email** on the **following Wednesday**.

Please circle the option below which best describes your request.

A. I want to take a leave of absence from my course * B. I want to cancel or withdraw from my course * C. I want to defer my course *# D. I want to change my course # * Supporting documentary evidence must be attached (SV holders only) # Admin fee of \$50, and additional course fees may apply.	E. I want a release letter from QAT# F. I want a study proof letter# G. I want a 485 letter from QAT# H. Other (please specify):# _____
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Date: _____ Visa Type (if applicable): _____

Student Number: _____ Mobile Number: _____

Given Name: _____ Family Name: _____

Current Address: _____ Suburb: _____ Postcode: _____

Course & Class Name: _____

Course Duration : From _____ To: _____

To The Director (QAT):

Student's Signature: _____

Trainer's Academic Comments and Recommendation (For request A, D, F)

Teacher / Trainer: _____

Attendance: Satisfactory Not satisfactory

Course progression: Satisfactory Not satisfactory

Only facts about attendance and course progression to be mentioned within this comments section:

Intervention Notes / Catch Up Agreement

- I understand that failure to adhere to the terms of this strategy may lead to further action being taken by the college. I understand that if I am applying for leave and this request is not approved I will be required to pay late submission fees (\$50.00) for each unit.

Trainer's name _____ Signature: _____ Date: _____

Program Coordinator's name _____ Signature: _____ Date: _____

Student's signature: _____ Date: _____

APPLICATION LODGEMENT - OFFICE USE ONLY

Reception Check

Received by: _____ Signature: _____ Date & Time: _____

Admin Comments and Recommendation (For request A, B, C, D, E)

Current Program:

Student Start date and end date: _____

Student Visa type and expiry date: _____

Future Program:

Will changes need to happen with CoE (if Yes explain): _____

Student has submitted:

- Medical evidence
- Flight tickets
- Others _____
- or
- Submit later (at application lodgement)

Name: _____ Date & Time: _____

International VET

Signature: _____ Date & Time: _____

Academic Manager / Executive Director's Approval

Signature: _____ Date & Time: _____

Notification to student / Trainer

Name: _____ Signature: _____ Date & Time: _____