

Absence Form

Type of Absence

Please Tick one box

Past absence (*illness*)

Request for future absence

Past absence (*other*)

Please provide reasons and supporting documents

Student Details

Family Name _____

Given Name _____

Student ID _____

Monash College Monash University English Language Centre Class:

Reasons

Class/s missed _____

Dates of absence From ___/___/___ To ___/___/___

AM: PM: Number of complete days missed:

Signature _____ Date ___/___/___

To Be Approved by Student Administration Team Leader

Approved/Not Approved _____
(Signature) _____ / / _____
(Date)

Office use Only

Entered on attendance database _____ Date ___/___/___

The information on this form is used for the primary purpose of processing your request. Other purposes for collection include: correspondence, administrative matters, statistical analysis, compliance and legislative reporting requirements. If you do not complete all the questions on this form, it may not be possible to process your request. You have the right to access personal information that Monash College/MUELC holds about you, subject to legislation, by contacting the Monash College Pty Ltd Privacy Officer on +(61 3) 9905 8262.