



NEW ENGLAND
COLLEGE OF TECHNOLOGY

Application for Leave/Deferment

Full Name: _____ DOB ___/___/___

Student I.D: _____

Month & Year of Enrolment: _____

Leave Type: (please tick appropriate box)

Holiday Leave

Sick Leave

Please elaborate on your request for Leave:

OR

Deferment – please specify reason for deferment:

Please specify the date in which you request to begin and conclude leave:

Start Date: _____ End Date: _____

Length: _____ days

Are you travelling outside Australia?

Yes No If Yes, please specify which country: _____

If Yes, please provide at least one method of contact (email, phone number, postal address)

New England College of Technology

151 Wellington Rd, East Brisbane QLD 4169 Australia T+61 7 3891 6433 E:info@nect.qld.edu.au
www.nect.qld.edu.au

RTO No: 31943 | CRICOS No: 03113M | ABN: 40 135 331 494

New England College of Technology is the trading name of New England Institute of Technology Pty Ltd



NEW ENGLAND
COLLEGE OF TECHNOLOGY

Terms & Conditions

I, _____ hereby understand that as part of the International Student Acceptance Form, Refund Policy, International Student Payment Plan, that it is solely my responsibility to maintain course progress and uphold my Payment Plan payments whilst on leave.

Applicant's signature

___/___/___
Date

A Letter of Approved Leave will be posted to you upon approval. If your leave is not approved, a New England College representative will contact you.

Authorisation by the New England College Director

I hereby authorise for _____ (name)
to _____ days leave/deferment.

Director's Signature

___/___/___
Date

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