



Magill College Pty Ltd Trading as Magill College Sydney

ABN: 67 090 050 990

CRICOS Provider Code: 01994M RTO No: 91367

Tel: (+61 2) 8061 6980 www.magill.edu.au

HOLIDAY REQUEST FORM

The student is under the obligations as indicated:

- Prior to departure from Sydney, student must ensure that tuition fees and all required other fees are paid
- Prior to departure from Sydney, student must complete and submit all required assessments
- Within 5 working days** of arrival back in Sydney, student must bring the relevant medical certificate, death certificate, legal documents or any other supporting documents such as passport, travel itinerary, plane ticket and boarding pass (if applicable) to the administration office as specified in Holiday Approval Email

Student No:		Do you require a Holiday Confirmation Email?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name:		Given Name:	
Email:		Tel/Mobile:	
Address: (within Australia)			
Course (Please tick <input checked="" type="checkbox"/>):	<input type="checkbox"/> BSB40215 Certificate IV in Business	<input type="checkbox"/> BSB42415 Certificate IV in Marketing and Communication	
	<input type="checkbox"/> BSB50215 Diploma of Business	<input type="checkbox"/> BSB52415 Diploma of Marketing and Communication	
	<input type="checkbox"/> BSB60215 Advanced Diploma of Business	<input type="checkbox"/> BSB61315 Advanced Diploma of Marketing and Communication	
	<input type="checkbox"/> BSB40920 Certificate IV in Project Management Practice	<input type="checkbox"/> BSB40820 Certificate IV in Marketing and Communication	
	<input type="checkbox"/> BSB50820 Diploma of Project Management	<input type="checkbox"/> BSB50620 Diploma of Marketing and Communication	
	<input type="checkbox"/> BSB60720 Advanced Diploma of Program Management	<input type="checkbox"/> BSB60520 Advanced Diploma of Marketing and Communication	
Holiday Dates Requested:	From: _____ To: _____		
Reason(s) for Holiday Request: (You may select more than one reason)	<input type="checkbox"/> Medical reasons <input type="checkbox"/> Legal reasons <input type="checkbox"/> Family emergencies <input type="checkbox"/> Religious reasons <input type="checkbox"/> Attend children overseas <input type="checkbox"/> Cultural reasons <input type="checkbox"/> Visit family <input type="checkbox"/> Travel other than home country: Destination _____ <input type="checkbox"/> Other: _____		
	CONTACT DETAILS IN HOME COUNTRY/DESTINATION		
	Full Address:		
Telephone Number:		Mobile:	
Emergency Contact Name/Relationship:		Emergency Contact No:	
Student Signature:		Date:	

OFFICE USE ONLY

APPROVED

NOT APPROVED

General Holiday

Late Submission allowed

YES

NO

From: _____ To: _____
From: _____ To: _____

Year _____

Approved Holiday

Term _____ Block _____

From: _____ To: _____
From: _____ To: _____

or specific unit _____

- Confirmation of general holiday
- Travelling back to home country
- Travelling other than home country
- Other: _____

Submit by _____

Signature _____

COMMENT:

SIGNATURE OF AUTHORISED PERSON:

DATE: