MAGILL

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 <u>tuition fees</u> and <u>all required other fees</u> are paid
- ☑ Prior to departure from Sydney, student must complete and submit all required <u>assessments</u>
- ☑ Prior to the holiday request being granted, during and after the holiday period, student must meet all course requirements
- ☑ <u>Within 5 working days</u> 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

F F										
Student No:				_	Do you require a Holiday Confirmation Email?		☐ Yes		No	
Family Name:				Given Nam	ie:					
Email:				Tel/Mobile):					
Address: (within Australia)										
	\square BSB40820 Certificate IV in Marketing and Communic			nmunication	☐ BSB4	☐ BSB40920 Certificate IV in Project Management Practice				
Course (Please tick ☑):	☐ BSB50620 Diploma of Marketing and Communication			nication	☐ BSB5	☐ BSB50820 Diploma of Project Management				
	☐ BSB60520 Advanced Diploma of Marketing and Com			d Communicati	on 🗆 BSB6	☐ BSB60720 Advanced Diploma of Program Management				
	Other:									
Holiday Dates Requested:		From:				To:				
Reason(s) for Holiday Request: (You may select more than one reason)		 ☐ Medical reasons ☐ Legal reasons ☐ Family emergencies ☐ Religious reasons ☐ Visit family ☐ Travel other than home country: Destination ☐ 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										
	Holiday			Late Submission allowed YES \square NO \square						
From:		To:								
From: To:										
Approved Holiday							Block			
From: To:										
From: To:				ecific unit						
☐ Confirmation of general holiday			01 34	ceme ame						
☐ Travelling back to home country			Subr	nit by date						
☐ Travelling other th	· ·									
☐ Other:	•									
COMMENT:										
SIGNATURE OF AUTHORISED PERSON: DATE:										