



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"/> BSB30115 Certificate III in Business	<input type="checkbox"/> BSB42415 Certificate IV in Marketing and Communication	
	<input type="checkbox"/> BSB40215 Certificate IV in Business	<input type="checkbox"/> BSB52415 Diploma of Marketing and Communication	
	<input type="checkbox"/> BSB50215 Diploma of Business	<input type="checkbox"/> BSB61315 Advanced Diploma of Marketing and Communication	
	<input type="checkbox"/> BSB60215 Advanced Diploma of Business		
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

<input type="checkbox"/> APPROVED		<input type="checkbox"/> NOT APPROVED	
General Holiday		Late Submission allowed YES <input type="checkbox"/> NO <input type="checkbox"/>	
From: _____	To: _____	Year _____	
From: _____	To: _____	Term _____ Block _____	
Approved Holiday		or specific unit _____	
From: _____	To: _____	Submit by _____	
From: _____	To: _____	Signature _____	
<input type="checkbox"/> Confirmation of general holiday <input type="checkbox"/> Travelling back to home country <input type="checkbox"/> Travelling other than home country <input type="checkbox"/> Other: _____			
COMMENT:			
SIGNATURE OF AUTHORISED PERSON:		DATE:	