

GENERAL ENGLISH STUDY BREAK REQUEST

Last Name:

Student details

First Name:

Student ID:				
Current General English class level:	☐ Pre-i	entary ntermediate mediate er Intermediate	Class Timetable	□ Weekday Morning□ Weekday Afternoon□ Weekday Evening□ Weekend
Teacher(s):				
Study break start date:	1	1	Study break end date:	1 1
Student contact	Phone:			
details during the study break:	Email:			
For office use only				
Eligibility (Please tick)				
Study breaks requested to date checked, and student is eligible for the nominated duration of the weeks.				
The student is entitled to have study breaks (they are included in the COE).				
All the course fees are paid up to date.				
The requested study break starts on a Monday and ends on a Friday.				
Student meets the minimum attendance requirement (80%).				
Study break approved? Yes No				No
If 'No', please outline the reason:				
Teacher informed?			Student informed?	
Study break recorded in RTOM?			Form archived in student file?	
Name of the approving officer:			Date:	/ /