

## Leave of Absence Form

Completed forms must be directed to the Faculty of Health & Medical Sciences Student and Program Support Services Hub:  
[askhealthsc@adelaide.edu.au](mailto:askhealthsc@adelaide.edu.au)

### Student information

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Student Email: \_\_\_\_\_@student.adelaide.edu.au

Phone Number: \_\_\_\_\_ Term Address: \_\_\_\_\_

Type of Student (please tick applicable):  International  Domestic

Academic career:  Undergraduate  Postgraduate  Research

### Current program

I request leave of absence for: (specify semester/s) Semester \_\_\_\_ Year 20\_\_\_\_ and/or Semester \_\_\_\_ Year 20\_\_\_\_

Please list the program from which you wish to take leave of absence.

Program name: \_\_\_\_\_ Campus: \_\_\_\_\_

Have you previously been granted leave of absence from this program?  Yes  No

If yes, please indicate previous period of leave: From \_\_\_\_\_ To \_\_\_\_\_

I intend to recommence studies in: Year \_\_\_\_\_ Semester \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### \*For MBBS / Dental & Oral Health / Nursing students:

Approval for leave will need to be approved by your program coordinator and/or Dean of Medicine (4-6 yr MBBS students only) before this application can be processed

Program Coordinator name: \_\_\_\_\_ Signature: \_\_\_\_\_

Dean of Medicine (MBBS 4-6): \_\_\_\_\_ Signature: \_\_\_\_\_

### Reason for request [Please tick ONE box]

- Medical  Personal  Travelling overseas/interstate  
 Family commitments  Work commitments  Other \_\_\_\_\_  
 Cross institutional outbound study

### Important reminder

**Dropping classes:** Before this application can be processed you must drop all courses for the semester for which you are requesting leave. This must be done **before census date**. Failure to do so means you will incur the cost of the tuition fees or HECS-HELP fees normally charged for your courses. Students will incur an academic penalty if the form is received after the relevant census date.

**Note:** MBBS / DENT / Oral Health / Nursing students will need to obtain approval from their program coordinator before dropping their courses.

**Scholarship recipients & sponsored students:** scholarship recipients need to seek approval from their sponsor to defer scholarship. Failure to do so could result in loss of entitlement.

FACULTY USE ONLY  Entered into PeopleSoft  TRIM Email sent to:  Student  [CPTeam@adelaide.edu.au](mailto:CPTeam@adelaide.edu.au)  
*(applicable to MBBS/ Dent & Oral Health / Nursing student leave only)*

Date: \_\_\_\_\_ Initials of actioning advisor: \_\_\_\_\_