

**Leave of Absence Form**

***Completed forms must be emailed 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Student (please tick applicable): International Domestic

Academic career:  Undergraduate  Postgraduate  Research

**Current Program:**

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

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

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

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 / BDS / BOH / BNURS / MCN / Clinical Postgraduate students only:**

You must seek and obtain approval by the relevant coordinator(s) before this application is submitted.

Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Undergraduate Clinical Programs:**  **(BDS / MBBS / BOH / BNURS)**  Find your Program Coordinator here:  [health.adelaide.edu.au/study-with-us/student-support/program-coordinators](http://www.health.adelaide.edu.au/study-with-us/student-support/program-coordinators) | **Postgraduate Clinical Programs:**  **(MCN / MCP / MPSYC)**  Find your Program Coordinator here:  [health.adelaide.edu.au/study-with-us/student-support/program-coordinators#postgraduate-coursework](https://health.adelaide.edu.au/study-with-us/student-support/program-coordinators#postgraduate-coursework) |

**Reason for request:**

Medical  Personal  Travelling overseas/interstate

Family commitments  Work commitments  Cross institutional outbound study

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important reminder:**

**Dropping classes:** Before this application can be processed you **mus**t drop all courses for the semester(s) for which you are requesting leave. This must be done **before the relevant 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.

**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.