

Application for Leave of Absence from Research Program (and Scholarship if applicable)

1. Personal Details

<p>Family Name: <input style="width: 90%;" type="text"/></p> <p>Given Names: <input style="width: 90%;" type="text"/></p> <p>Student Type: Local <input type="checkbox"/> International <input type="checkbox"/> <small>International students must submit this application at least 5 working days prior to the commencement of leave.</small> AusAID <input type="checkbox"/></p> <p>Current Program (✓ Tick one): PhD <input type="checkbox"/> Professional Doctorate <input type="checkbox"/> Master of Philosophy <input type="checkbox"/></p> <p>ANU College*: <input style="width: 90%;" type="text"/></p> <p><small>*College of Arts & Social Sciences; College of Asia & the Pacific; College of Business & Economics; College of Engineering & Computer Science; College of Law; College of Medicine, Biology & Environment; College of Physical Sciences.</small></p>	<p>Uni ID: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">U</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table></p> <p>Phone (Day): <input style="width: 90%;" type="text"/></p> <p>Graduate Studies Field: <input style="width: 90%;" type="text"/></p> <p>Current Scholarship Expiry Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table></p> <p>Current Scholarship/s: <input style="width: 90%;" type="text"/></p> <p>Academic Program Code (eg 9640): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table></p> <p>Enrolment Load : Full Time <input type="checkbox"/> Part Time <input type="checkbox"/></p>	U								D	D	M	M	Y	Y						
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2. Information about this application

- This application is to be submitted to your College Student Administration Office;
- This application is to be submitted before the period for which the program leave of absence is being sought;
- International students should not complete this form unless their College Office has advised that it is appropriate to do so;
- If a scholarship overpayment has occurred as a result of this leave of absence, you will be notified separately in writing by the Human Resources Division of the University and you will be required to repay the monies in accordance with the instructions you receive from the University. Candidates who remain in debt to the University will not be permitted to submit their theses for examination or to graduate;
- The maximum period of leave that may be sought on personal grounds is 12 months. A further period, normally of not more than 12 months in total, may be sought if you are experiencing circumstances beyond your control. Please consult your College Office if this program leave of absence would result in the aggregate of 2 years being exceeded;
- **If the reason for the leave request is medical/maternity, original supporting documents (or certified copies) must be attached to this application. International students must attach supporting documentation, and note that applications will be approved in exceptional circumstances only;**
- Scholarship holders requesting leave for medical or maternity reasons must provide medical documentation from a registered medical practitioner and should consult your *Conditions of Award* for your scholarship entitlements.

3. Leave Request

I wish to apply for a program/scholarship leave of absence from

D	D	M	M	Y	Y
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 to

D	D	M	M	Y	Y
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 (date you will return)

Please attach a letter or supporting documents regarding your reason for your leave request.

4. Applicant Declaration

I certify that the information supplied by me on this form is complete and true. I have read the relevant sections of the *Research Awards Rules* and the *Conditions of Award* for my scholarship (if applicable). I have discussed my progress with the chair of my supervisory panel before submitting this request.

Student's signature: Date:

D	D	M	M	Y	Y
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OFFICE USE ONLY

- Leave should be sought *prospectively*;
- Leave sought retrospectively that changes the reported history should not be approved;
- If prospective leave has been sought over a research Census Date (31/3 or 31/8), please consider the request carefully and discuss with the student as it impacts on the reported load;
- Leave sought retrospectively for any other period (s) should not be approved if it will result in a scholarship overpayment.

<p>CHAIR OF SUPERVISORY PANEL</p> <p>(✓ Tick one) Endorsed <input type="checkbox"/> Not Endorsed <input type="checkbox"/></p> <p>Name (print): <input style="width: 90%;" type="text"/></p> <p>Signature: <input style="width: 90%;" type="text"/></p> <p>Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table></p>	D	D	M	M	Y	Y	<p>HEAD OF DEPARTMENT</p> <p>(✓ Tick one) Endorsed <input type="checkbox"/> Not Endorsed <input type="checkbox"/></p> <p>Name (print): <input style="width: 90%;" type="text"/></p> <p>Signature: <input style="width: 90%;" type="text"/></p> <p>Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table></p>	D	D	M	M	Y	Y
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<p>DELEGATED AUTHORITY</p> <p>(✓ Tick one) Approved <input type="checkbox"/> Not Approved <input type="checkbox"/></p> <p>Name (print) : <input style="width: 90%;" type="text"/></p> <p>Signature: <input style="width: 90%;" type="text"/></p> <p>Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table></p>	D	D	M	M	Y	Y	<p>OFFICE OF POLICY & REGULATION (OPAR) OR AUSAID</p> <p>(✓ Tick one) Verified <input type="checkbox"/> Not Verified <input type="checkbox"/></p> <p>Name (print): <input style="width: 90%;" type="text"/></p> <p>Signature: <input style="width: 90%;" type="text"/></p> <p>Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table></p>	D	D	M	M	Y	Y
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<p>SCHOLARSHIPS OFFICE</p> <p>Signature: <input style="width: 90%;" type="text"/></p> <p>Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table></p>	D	D	M	M	Y	Y	<p>ENROLMENTS OFFICE</p> <p>Signature: <input style="width: 90%;" type="text"/></p> <p>Date: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px;">D</td><td style="width: 20px;">D</td><td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td></tr></table></p>	D	D	M	M	Y	Y
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