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

1. **Personal Details**

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Uni ID:</th>
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<tbody>
<tr>
<td>Given Names:</td>
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<table>
<thead>
<tr>
<th>Student Type:</th>
<th>Local</th>
<th>International</th>
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<tbody>
<tr>
<td>Current Program</td>
<td>PhD</td>
<td>Professional</td>
</tr>
<tr>
<td>(Tick one)</td>
<td>Doctorate</td>
<td>Philosophy</td>
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   | ANU College*: | 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. |

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 is 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.

**PLEASE PROVIDE A REASON FOR THE LEAVE REQUEST AND ATTACH ANY SUPPORTING DOCUMENTS TO THE APPLICATION**

3. **Leave Request**

   I wish to apply for a program/scholarship leave of absence from **DD MM YYYY** to **DD MM YYYY** (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.

<table>
<thead>
<tr>
<th>Student's signature:</th>
<th>Date:</th>
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</table>
Application for Leave of Absence from Research Program 
(and Scholarship if applicable)

**OFFICE USE ONLY**

- Leave should be sought prospectively;
- 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 that changes the reported history should not be approved;
- Leave sought retrospectively for any other period (s) should not be approved if it will result in a scholarship overpayment.

**CHAIR OF SUPERVISORY PANEL**

(✓ Tick one) Endorsed [ ] Not Endorsed [ ]

Name (print):
Signature:
Date: D D M M Y Y

**DELEGATED AUTHORITY**

(✓ Tick one) Approved [ ] Not Approved [ ]

Name (print):
Signature:
Date: D D M M Y Y

**HEAD OF DEPARTMENT**

(✓ Tick one) Endorsed [ ] Not Endorsed [ ]

Name (print):
Signature:
Date: D D M M Y Y

**OFFICE OF POLICY & REGULATION (OPAR) OR AUSAID**

(✓ Tick one) Verified [ ] Not Verified [ ]

Name (print):
Signature:
Date: D D M M Y Y

**SCHOLARSHIPS OFFICE**

Signature:
Date: D D M M Y Y

**ENROLMENTS OFFICE**

Signature:
Date: D D M M Y Y