

Application for:

Research Program Leave of Absence



RESEARCH STUDENTS OFFICE (tel: 02 612 52225)

Family Name	<input type="text"/>	Student Id	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Names	<input type="text"/>						Title (Mr/Mrs/Ms etc)	<input type="text"/>
Mailing Address	<input type="text"/>							
ANU College*	<input type="text"/>				Graduate Studies Field	<input type="text"/>		
PhD/Prof Doc MPhil	<input type="text"/>							

* College of Arts and Social Sciences; College of Asia and the Pacific; College of Business and Economics, College of Engineering and Computer Science, College of Law; College of Medicine and Health Sciences; College of Science.

THE COMPLETED FORM SHOULD BE LODGED BEFORE THE PERIOD FOR WHICH THE PROGRAM LEAVE OF ABSENCE IS SOUGHT. INTERNATIONAL STUDENTS SHOULD NOT COMPLETE THIS FORM UNLESS THE RESEARCH STUDENTS OFFICE HAS ADVISED THAT IT IS APPROPRIATE TO DO SO.

1. Length:

The maximum period that may be sought on personal grounds is normally twelve months. A further period (s), normally of not more than twelve months in total, may be sought if you are experiencing circumstances beyond your control. Please consult the Research Students Office if this program leave of absence would result in the aggregate of two years being exceeded.

I wish to apply for program leave of absence from/...../.....to...../...../.....(=day of return)

2. Reason:

If the reason is medical or maternity you should attach a certificate from a registered medical practitioner.

I have read the relevant section of the Postgraduate Research Guide and have discussed the proposed program leave of absence with my supervisor before submitting this request.

Student's Signature.....	Date.....
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- 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 REPORTED LOAD;
- LEAVE SOUGHT RETROSPECTIVELY WHICH CHANGES REPORTED HISTORY SHOULD NOT BE APPROVED.

I endorse this request:

Chair, Supervisory panel.....Date.....

Head of Department/Division.....Date.....

As the appointed delegate, I approve this request:

Delegated Authority..... /Date:.....

Print Name

Signature

Completed form should be forwarded to:	Research Students Office Student Administration Services Pauline Griffin Building (Building 11)
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THIS SECTION WILL BE USED BY THE RESEARCH STUDENTS OFFICE TO NOTIFY YOU OF THE OUTCOME OF YOUR APPLICATION

Your application for a period of program leave from.....to..... **has been approved.**

The revised end date of your PhD/Professional Doctorate/MPhil program is.....

Prior to returning from leave, please contact the Fees Office on 61250500 or fees.officer@anu.edu.au to ensure that you have no outstanding or upcoming fees which will have a bearing on your enrolment.

At the end of your period of program leave you must email suspension.return@anu.edu.au to confirm the resumption of your program.

Delete if not applicable

YOUR APPLICATION FOR PROGRAM LEAVE OF ABSENCE HAS NOT BEEN APPROVED. PLEASE CONSULT THE RESEARCH STUDENTS OFFICE OR YOUR LOCAL AREA ADMINISTRATOR FOR AN EXPLANATION.