



Students who are absent for a short period of time must apply for a Short Leave of Absence. All applications for a short leave of absence for Years 2 – 4 must be approved by the relevant person as specified in the policy and the reverse of this form.

Students must refer to the Leave of Absence Policy and Procedures prior to completing and submitting this form. This policy is available at [http://medicine.unimelb.edu.au/\\_data/assets/pdf\\_file/0003/1890003/MMS\\_MD\\_SLOA\\_Policy\\_v1-2.pdf](http://medicine.unimelb.edu.au/_data/assets/pdf_file/0003/1890003/MMS_MD_SLOA_Policy_v1-2.pdf)

**STUDENT**

Student name: \_\_\_\_\_ Student number: \_\_\_\_\_

Address: \_\_\_\_\_

University email: \_\_\_\_\_@student.unimelb.edu.au Phone: \_\_\_\_\_

Clinical School: (please tick if applicable) Current MD year level: (please tick)  2  3  4

Austin  Northern  RMH  Western  SVH  RCS

I wish to apply for Short Leave of Absence from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of leave: (please tick)  Personal leave  Professional Development leave

Reason for application (please attach supporting documentation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPROVER**

Approved by: (see reverse for list of relevant approvers)

Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assessment scheduled during period of leave? (please tick):  Yes  No

*(If answered yes above please note assessment implications as per the Leave of Absence Policy)*

**Please submit the completed form, either by email or in person, to the relevant clinical school / site. The leave administrator will confirm eligibility and send you email confirmation of the outcome of your application.**

Year level	Subject/Term	Approver
2	Principles of Clinical Practice 2	Director of Medical Student Education/ Clinical Dean
3	Principles of Clinical Practice 3 (Metropolitan Clinical Schools)	Term Coordinator
3	Principles of Clinical Practice 3 (Rural Clinical School)	Director of Medical Student Education
4	Scholarly Selective 2*	Scholarly Selective 2 Coordinator, Department of Medical Education
4	Preparation for Practice and Trainee Intern	Director of Medical Student Education/ Clinical Dean
4	Vocational Selective*	Vocational Selective Term Coordinator, Department of Medical Education
2-4	Student Conference	Student Conference Subject Coordinator, Department of Medical Education

\* Students must also supply evidence of supervisor endorsement with leave request.