



Student

Student name: _____ Student number: _____

Leave dates: _____ Total number of days: _____

Current MD year level: (please tick) 1 2 3 4

Clinical School: (please tick if applicable) Austin Epworth Northern RCS RMH SVH Western

Specialty term: (MD3/4 only) AC CAH GP MDRP MH VS WH

Time missed will be made up as follows:

		To be completed at end of makeup time	
Rotation type	Arrangement / Agreement	Sign off and role eg Intern, Registrar etc	Date

A copy of this form is to be submitted with your leave application.

The completed form is to be submitted once you have made up the missed time and had it signed off.