**DOCTOR OF MEDICINE**  
Leave of Absence support form

**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:

<table>
<thead>
<tr>
<th>Rotation type</th>
<th>Arrangement / Agreement</th>
<th>Sign off and role eg Intern, Registrar etc</th>
<th>Date</th>
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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.