



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 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 [https://medicine.unimelb.edu.au/\\_\\_data/assets/pdf\\_file/0007/3258790/MMS\\_MD\\_SLOA\\_Policy\\_v2.1.pdf](https://medicine.unimelb.edu.au/__data/assets/pdf_file/0007/3258790/MMS_MD_SLOA_Policy_v2.1.pdf)

**Student**

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

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

Current MD year level: (please tick) 1  2  3  4  Term / Rotation at time of leave: \_\_\_\_\_

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

I wish to apply for Short Leave of Absence from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Total no. days: \_\_\_\_\_

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

Reason for application (please attach supporting documentation):

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Leave of absence support form: (please tick) Yes  No

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

**Professional staff use**

Please indicate how many days leave has been approved for the student prior to passing the application to the relevant approver for consideration:

Personal leave: \_\_\_\_\_ Professional development leave: \_\_\_\_\_

*Please note limits for personal leave (20 days per year, 10 days per semester) and for professional development leave (10 days per year, 5 days per semester)*

**Approver**

Approved  Declined  Further information required

Notes / information to be passed to student:

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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
1	Foundations for Clinical Practice and Principles of Clinical Practice 1	Subject coordinator
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	MD Research Project 2*	MD Research Project 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
1-4	Student Conference	Student Conference subject coordinator, Department of Medical Education

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