



Students who are absent for a short period of time must apply for a Short Leave of Absence using this form.

All applications for short leaves of absence must be approved by subject coordinators for each subject that will be affected by your absence.

Students must refer to the Leave of Absence Policy and Procedures prior to completing and submitting this form. Available from: <https://medicine.unimelb.edu.au/study/current-student-resources/mms-students-resources/policies,-procedures-and-forms>

STUDENT

Student name: _____ Student number: _____

Address: _____

University email: _____@student.unimelb.edu.au Phone: _____

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: _____

SUBJECT COORDINATORS (AS APPLICABLE)

Approved by Foundations of Biomedical Science Subject Coordinator (Dr Simone Elliott or A/Prof James Ziogas):

Name (please print): _____ Signature: _____ Date: _____

Approved by Principles of Clinical Practice 1 Subject Coordinator (Ms Tamara Clements):

Name (please print): _____ Signature: _____ Date: _____

Approved by Student Conference Coordinator (Dr Justin Bilszta):

Name (please print): _____ Signature: _____ Date: _____

Please submit this form including supporting documentation, either by email to mms-postgrad@unimelb.edu.au or in person, into the submission box at the Department of Medical Education, Level 7, North Wing, Medical Building. The Students and Programs Coordinator will confirm eligibility and send you written confirmation of the outcome of your application.

OFFICE USE ONLY: Eligible Ineligible:

Signature: _____ Date: _____