



THE UNIVERSITY OF  
MELBOURNE

# Variation to Coursework Degree Form

Fax +61 3 9347 7084

- Students are strongly encouraged to discuss their plans with their Course Coordinator prior to submitting this form. For advice regarding enrolment matters or completing this form, please contact the School of Medicine Office (Level 2, Medical Building), telephone: 8344 5998 or email: [medicine-info@unimelb.edu.au](mailto:medicine-info@unimelb.edu.au).
- Students should ensure that they complete all relevant details of their request, and when complete, forward this form to the School of Medicine for consideration.

## Personal Details

Name: \_\_\_\_\_ Student No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Daytime Telephone No. or Email Address: \_\_\_\_\_

Course: \_\_\_\_\_ Department: \_\_\_\_\_

## Request for:

Please tick the relevant box(es)

Leave of Absence      Commencement Date: \_\_\_\_\_      End Date: \_\_\_\_\_

Discontinuation       Reinstatement

## Details

Please state your request clearly and provide reasons. Please include all relevant details such as dates for leave of absence or any other important dates. (Attach page if additional space is required).

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Coordinator's Recommendation

Request supported? YES / NO      Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Comments: \_\_\_\_\_

(This form must be returned to the School of Medicine Office as soon as possible after the student has submitted it)

## Postgraduate Office, School of Medicine

Request for: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director, Medical Education Unit (Faculty of Medicine, Dentistry and Health Sciences)