

The University of Melbourne  
Faculty of Medicine, Dentistry and Health Sciences  
School of Medicine

**APPLICATION FOR A SHORT LEAVE OF ABSENCE**

Semesters 1 - 5

Student ID No: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Telephone No: \_\_\_\_\_

I am presently in Semester            1        2        3        4        5        (please circle)

I wish to apply for short leave of absence from \_\_\_\_\_ to \_\_\_\_\_

Reason for application (you may attach further information or documentation)

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

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

Approved by Subject Co-ordinator: \_\_\_\_\_

Approved by Subject Co-ordinator: \_\_\_\_\_

**Please return form to School of Medicine for approval**

Approved by Associate Dean (Academic Programs): \_\_\_\_\_