

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

APPLICATION FOR A SHORT LEAVE OF ABSENCE

Clinical Years – Semesters 8 to 12

Student ID No: _____

Student Name: _____

Address: _____

Contact Telephone No: _____

Clinical School _____

I am presently in Semester **8** **9** **10** **11** **12** (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 Clinical Dean: _____

Please return form to School of Medicine for approval

Approved by Associate Dean (Academic Programs): _____