

## Higher Degree by Research (HDR) Student - Application for Leave

To enable this electronic form, you must first **SAVE** it then **REOPEN** as a PDF file (it will not function properly when used in a browser window).

1. Your leave application must be received at the Research Office no later than two (2) weeks prior to the census date in the session you are seeking leave and/or two (2) weeks prior to the date of your commencement of leave.
2. Students in receipt of a scholarship stipend need to refer to the conditions of their Award regarding stipend payments during a period of leave and whether documentation (ie medical certificate) is required to support an Application for Leave.
3. Leave provisions for candidates in HDR programs are detailed in the [Higher Degree by Research Policy](#).

### 1. Student Details

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Student ID	<input type="text"/>	Faculty <select>	<input type="text"/>	School/Research Centre:	<input type="text"/>

### 2. Leave Details

- (a) Please provide the dates for your leave and the reason/s for applying for this leave from your study/research  
(b) Please attach any supporting documentation where appropriate

Start Date:	<input type="text"/>	End Date:	<input type="text"/>
Reason/s:	<input type="text"/>		

### 3. Approvals and Authorisations

**PLEASE NOTE:** This is an electronic form and requires the below authorisations in the order they appear. After each authorisation this form needs to be emailed to the next signatory by clicking the 'submit by email to next signatory' button and entering in the next recipient's email address. If you do not have an electronic signature, you may create one in the signature field below. If you do not wish to create one, please print this form, sign, scan and email to the next signatory. For any queries about this form please contact the [Research Office](#).

#### Student:

I hereby apply for the above period of leave and have attached supporting documentation (if required).

Name	<input type="text"/>	Signature	<input type="text"/>	Date:	<input type="text"/>
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**Principal Supervisor:**

- I support this leave application for the specified period
- I do not support this leave application for the specified period

Comments

Name  Signature  Date:

**Faculty Associate / Sub Dean (Graduate Studies):**

Name  Signature  Date:

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**Research Office Use Only**

Date Request Received:  Type of Leave:   
Sessional Leave Required:  Yes  No Session Code:   
Duration of Leave:  Scholarship:  Yes  No Leave:  Paid  Unpaid

Comments

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**Nominee of the Research Advisory Committee:**

- I support this leave application for the specified period
- I do not support this leave application for the specified period

Comments

Name  Signature  Date: