

PERSONAL DETAILS					
Student Number:	First Name:	Last Name:			
Date of Birth:	Telephone:	Email:			
Course Code:	Course Name:	Major:			

## INSTRUCTIONS

This form is for domestic student who intend to take a Leave of Absence form their study.

- Please read the course rules & closing dates <u>http://www.uow.edu.au/handbook/generalcourserules/UOW028640.html</u> (Section 6.32 - Leave of Absence) before completing this form.
- 2. Students become eligible to apply for Leave of Absence at the beginning of the second session of enrolment.
- 3. Honours, Postgraduate, and Graduate School of Medicine students must seek approval from the relative Sub Dean/Dean or Supervisor before submitting the application (please refer to the faculty for the relevant signing authority), and may be required to attach supporting documentation.
- 4. Undergraduate applicants seeking Leave of Absence exceeding one year (total) are required to attach supporting documentation and must seek approval from the relative Sub Dean/Dean or Supervisor before submitting the application.
- 5. After the approved period of Leave of Absence is complete students must re-enrol in the following session.
- 6. Complete all sections of this form.
- 7. Return the completed application, with the approval signature where required, to Student Central Building 17.

## LEAVE OF ABSENCE DETAILS

Have you previously been granted a Leave of Absence whilst undertaking this degree.

If yes, detail how many session of study:

I wish to take a leave of absence in the following session(s): Session/Intake:

## REASON FOR LEAVE OF ABSENCE

## STUDENT SIGNATURE

I acknowledge that I have read and have accepted the conditions outlined in this form.

Student Signature:		Date:
APPROVAL		
Approved:	Yes / No	Date:
Sub Dean/Dea	n Name:	Signature:

Contact Student Central:	Office Use Only	Date Received	Date Processed
Building 17, Ground Floor, Northfields Ave, NSW 2522 Ph: 4221 3927 Fax: 4221 4322 Email: <u>askuow@uow.edu.au</u>			



Yes / No

Year:

ear.