

Higher Degree by Research (HDR) Candidate - 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 Office of Research and Graduate Studies 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. Candidates 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. Candidate Details

Title First Name Last Name

Candidate ID Faculty <select> School/Research Centre:

Course Name Year & session commenced HDR study

I have / have not completed the [probationary requirements](#), as per the Higher Degree by Research Policy.

Note: A candidate may apply for a Leave of Absence after enrolling, but not before completing probation/confirmation of candidature, other than in approved exceptional circumstances

Please tick the box relevant to your circumstances:

- International candidate (onshore) *Office of Research and Graduate Studies will liaise with Student Administration regarding visa implications*
- Scholarship Recipient / if yes what type
- Academic Staff HDR Workload Support Scheme Recipient

2. Leave Details

Please note that HDR candidates who do not hold a scholarship no longer need to lodge a leave application, for leave that comprises less than 20 business days.

Please select the relevant option below:

Leave of Absence **WITHIN** an enrolled Session

Start Date: End Date: Number of Business Days:

OR Leave of Absence covering a full Session / which session?

3. Scholarship Candidates Only - Leave type

What type of leave are you seeking as allowed under the Conditions of Award of your scholarship?

(If you are wanting to take multiple types of leave (e.g. a combination of annual leave and leave without pay) please check more than one box and nominate dates for each leave type within the text box in section 5 below.)

- Annual leave Sick/Personal leave Extended Sick/Personal leave Leave without pay
- Primary carer parental leave

Note: For Maternity and all Sick/Personal leave applications please attach appropriate supporting document (e.g medical certificate etc).

4. Approved Withdrawal (AW)

Approved withdrawal

Candidate is seeking Approved Withdrawal (AW), after the Census Date, for which Session?

This will place an AW grade against the subject enrolment for the session applied for.

For Information on applying for Refund of Fees (if appropriate) please see the [Enrolment Policy](#) and [Procedure](#).

5. Reasons for Leave or Approved Withdrawal - all applicants to complete

Reason/s:

(attach
additional
pages if
required)

6. 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 [Office of Research and Graduate Studies](#).

Candidate:

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

Name

Signature

Date:

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:

Sub-Dean Graduate Studies:

- Yes No I confirm that the probationary information provided in the candidate details section of the form is accurate
- I support this leave application for the specified period
- I do not support this leave application for the specified period

Comments

Name Signature Date:

Office of Research and Graduate Studies Use Only

Date Request Received:

Duration of Leave: Scholarship: Yes No Leave: Paid Unpaid

Comments

Nominee of the Research 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: