

APPLICATION FOR LEAVE OF ABSENCE D. & M. PSYCH. & M.PSYCH./PhD

GS32



THE UNIVERSITY OF
MELBOURNE

* This form may be used by Master of Psychology/PhD students enrolled in the 1st year of the course. Later year students must complete the School of Graduate Studies form "Application for Leave of Absence".

Before completing this form, students should refer to the Leave of Absence guidelines in the Postgraduate Handbook.

This form should be completed by students in consultation with their supervisor(s) and convenors, and submitted to the Professional Programs Officer, Psychology Office.

SECTION 1: TO BE COMPLETED BY THE STUDENT

Course: Master of Psychology Doctor of Psychology Master of Psychology/PhD (1st Year only)

Stream: Clinical Child Neuro Org/Ind Forensic Health Enrolment: Full-time Part-time

Student No:

Name: _____

Leave of Absence Requested from: ____/____/____ to: ____/____/____

Reason (please attach supporting documentation where available e.g. medical certificates): _____

Student's Signature: _____ Date: ____/____/____

SECTION 2: TO BE COMPLETED BY THE SUPERVISOR(S)

Leave of Absence : Supported: Not Supported:

Comments: _____

Supervisor's Signature: _____ Date: ____/____/____

SECTION 3: TO BE COMPLETED BY THE CONVENORS

Leave of Absence : Supported: Not Supported: Date of Return to Study: ____/____/____

Comments: _____

Course Convenor's Signature: _____ Date: ____/____/____

Professional Programs Convenor's Signature: _____ Date: ____/____/____

