

UNIVERSITY OF ADELAIDE
STUDENT LEAVE OF ABSENCE FORM

The following sections deal with the applications for:

- Student Leave of Absence;
- Extension of Student Leave of Absence; and
- Notification of Return from Student Leave of Absence.

Please fill in your contact and program details immediately below, and the section that relates to your current circumstances.

Please note:

1. You cannot take Student Leave of Absence or an Extension of Student Leave of Absence from your program (s) unless you have received notification **in writing** from your School or Faculty that your application for leave has been approved.
2. Once you have received notification from your School or Faculty that your application for Student Leave of Absence or an Extension of Student Leave of Absence has been granted, **you are responsible for dropping your courses** for the time you will be absent from the University. This must be done before the relevant Census date. **Failure to do so will incur the cost of the tuition free or HECS-HELP fee normally charged for your courses.**
3. If you are enrolled in more than one program, you need to indicate this on the form next to the heading "Other program" in Contact and Program Details. If you are studying another program in a different school or faculty, and you wish to take Leave of Absence or an Extension of Leave of Absence from that program, you will need to fill in another Student Leave of Absence Form and lodge it with your other school or faculty. The same procedure will apply for the Notification of Return from Leave of Absence.

CONTACT AND PROGRAM DETAILS

Name: _____ Student ID: _____

Faculty: _____ School: _____

Program: _____ Additional program/s: _____

Address: _____

Phone: _____ Mobile: _____

You must submit a separate form for academic programs in other Faculties/Schools

APPLICATION FOR LEAVE OF ABSENCE

Period of Leave of Absence from Program (in months): _____
Please check Academic Year Dates 2006 at <http://www.adelaide.edu.au/student/dates/2006.html>

Start date: _____ End Date: _____

Student signature: _____ Date: _____

APPLICATION FOR EXTENSION OF LEAVE OF ABSENCE

Original period of Leave of Absence from Program (in months): _____

Original start date: _____ Original end date: _____

Proposed new end date: _____ Total amount of Leave of Absence (in months): _____

Reason for requested extension: _____

Student signature: _____ Date: _____

NOTIFICATION OF RETURN FROM LEAVE OF ABSENCE

I will be resuming study on: Return date: _____

Student signature: _____ Date: _____

SCHOOL/FACULTY APPROVAL

Approved: Not approved:

Name of actioning officer (in print): _____ Position title: _____

Signed: _____ Date: _____

Office Use Only

- Student advised of decision Date: _____ Initials of actioning officer: _____
- Student's attendance status entered on Peoplesoft Date: _____ Initials of actioning officer: _____