

HDR20 – HIGHER DEGREES BY RESEARCH REQUEST FOR LEAVE OF ABSENCE

*This form is to be used by Candidates who wish to take a leave of absence of no longer than six months during their candidature.
It must be filled electronically, printed, signed by all parties and be returned to the Higher Degrees by Research Coordinator.*

SECTION 1 – PERSONAL DETAILS

Student number Title Mr Mrs Ms Miss Dr

Surname Given names

Preferred name Email

Postal address Phone no.

SECTION 2 – RESEARCH PROGRAM DETAILS

Program name

Scholarship name *(if applicable)*

Have you notified your scholarship provider? *(This is your responsibility)* Yes No

Program start date

Current completion date

Research title

Primary supervisor Part-time Full-time

SECTION 3 – LEAVE DETAILS

Candidates should consult the Leave of Absence regulations specified in their Research Program rules.

Scholarship holders should consult their scholarship conditions. Please attach any supporting documentation.

The dates that I wish to take leave of absence from my research candidature are:

Leave start date

Return date

The reasons/special circumstances that I wish to take for are:

Candidate signature

Date

SECTION 4- PRIMARY SUPERVISOR TO COMPLETE

Name

Faculty/Division

Statement _____ I, _____ have discussed the reasons with the Candidate, and the impact that this request could have on their candidature. I have also discussed the matter with Panel Members and I:

Support the request

Do not support the request for the following reasons:

Supervisor signature

Date

SECTION 5 – HIGHER DEGREES COMMITTEE RECOMMENDATION

Request is approved Yes No

Decision forwarded to student via

Comments or follow up necessary

Date student to recommence

Date reminder letter to be sent

(This should be 1-3 months before recommencement)

Chairperson signature

Date