

Division of Higher Education and Research

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# 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 Graduate School Director.

## SECTION 1 - PERSONAL DETAILS Title Mr Mrs Ms Miss Student number Dr Given names Surname Email Preferred name Phone no. Postal address 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

١,

### Name

Faculty/Division

Statement

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:

No

Supervisor signature

Date

have

#### SECTION 5 - HIGHER DEGREES COMMITTEE RECOMMENDATION

Request is approved Yes

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

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