



LEAVE OF ABSENCE APPLICATION FORM

Use this form to request a Leave of Absence (LoA) from your Higher Degree by Research program.

A leave of absence covers an entire semester (i.e. 1 January to 30 June for semester 1; 1 July to 31 December for Semester 2). This form and any accompanying documentation must be received no later than two weeks prior to the applicable census date (31 March for Semester 1 or 31 August for Semester 2) in order to take effect for that semester.

Approval is required from your Principal Supervisor, the Head of School/Nominee and the Assistant Dean Research Training.

Notes: All candidates are entitled to 20 working days of annual leave (10 working days for PT candidates). You do not need to complete a form to take annual leave but you must discuss each instance with your supervisor. Scholarship recipients may also apply for up to 10 days paid sick leave a year, calculated on a pro-rata basis. This is approved by your supervisor. Additional sick leave is dependent on your scholarship conditions and will require the presentation of a medical certificate.

Holders of a student visa may only apply for LoA based on compassionate or compelling grounds and evidence should be provided where applicable (e.g., medical certificate). Approved leave will be reported to both the Department of Education and Department of Home Affairs. Candidates are expected to return to their home country for the duration of the approved leave. Sponsored students are required to provide evidence of leave approval from their sponsor.

CANDIDATE DETAILS

Family Name:

Given Name:

Student Number:

LEAVE REQUESTED

Semester:

Year:

Reason(s) for requesting LoA:

Have you provided necessary documentation supporting this request?

Yes:

No:

International Students

Date of departure from Australia:

SIGNATURE AND APPROVALS

An international student who signs this form confirms that they will reside at their **home address**, as stated in [myHub](#), should the period of leave be approved.

Candidate Signature:

Date:

Please sign this form using your Adobe Digital Signature. Click on the box above and follow the prompts. Email the completed form to your Supervisor. Once signed off, they will return to you, for you to forward to UON Graduate Research: graduate-research@newcastle.edu.au. **Copy in all of your supervisors when you submit the form to UON GR.**

Supervisor Name:

Do you support this LoA request?

Yes:

No:

Provide justification for this decision:

Signature:

Date:

Please return the completed form to the candidate, who will forward to UON Graduate Research: graduate-research@newcastle.edu.au. UON GR will coordinate the necessary subsequent approvals.

**Head of School
Nominee Name:**

Do you support this LoA request?

Yes:

No:

Provide justification for this decision:

Signature:

Date:

**Assistant Dean
Research Training Name:**

Do you support this LoA request?

Yes:

No:

Provide justification for this decision:

Signature:

Date: