

Office of Graduate Studies
Variation to Candidature
Leave of Absence (LoA) Request



This variation will require the following action items, to be completed electronically:

1. Form is to be completed and signed by the candidate
2. Form is to be signed by Supervisor, Head of School/Nominee and Assistant Dean Research Training
3. Form is to be submitted to the Office of Graduate Studies at research-candidature@newcastle.edu.au

All required documentation must be received by the Office of Graduate Studies no later than the applicable census date (31 March for Semester 1 or 31 August for Semester 2) in order to take effect for that semester.

Please retain a copy for your records and check your @uon.edu.au email account regularly.

Candidate Details

Student Number: _____

Title: _____ Family Name: _____ Other Names: _____

Are you an international candidate? Yes No Are you receiving a Scholarship? Yes No

Are your current contact details (mailing address/ phone numbers) accurately recorded in **MyHub**? Yes

Holders of an international student visa may only apply for LoA based on compassionate or compelling grounds. Approved leave will be reported to both the Department of Education and Department of Immigration and Border Protection (DIBP). Candidates are usually expected to return to their home country for the duration of the approved leave.

1. For which semester/s is LoA requested?

Year: _____

Year: _____

2. Why is LoA being requested? (attach medical certificates or other evidence, if applicable)

3. Scholarship holders, please select the type of scholarship held:

4. International students, please confirm where you will reside during the period of leave:

Address:

Phone: _____

Date of departure from Australia (if applicable): _____

SIGNATURES AND APPROVALS

This form cannot be processed by the Office of Graduate Studies without all required approvals

CANDIDATE:

Have you provided all the necessary documentation to support this variation request? Yes No

Comments:

Candidate's Signature: _____ Date: _____

SUPERVISOR:

Do you support this variation request? Yes No

Comments:

Supervisor's Name: _____

Supervisor's Signature: _____ Date: _____

HEAD OF SCHOOL/NOMINEE:

Do you support this variation request? Yes No

Comments:

Head of School/Nominee Name: _____

Signature: _____ Date: _____

ASSISTANT DEAN RESEARCH TRAINING:

Do you support this variation request? Yes No

Comments:

Assistant Dean Name: _____

Signature: _____ Date: _____