THE UNIVERSITY OF NOTRE DAME AUSTRALIA

School of Medicine (Fremantle)

LEAVE OF ABSENCE FORM

Please use BLOCK/CAPITAL letters, indicate with "N/A" where questions are not applicable and tick boxes where appropriate. Please see reverse of form for further information.
Please post or hand deliver completed form to the **School of Medicine, 38 Henry St (PO Box 1225), Fremantle, Western Australia 6959**

STUDENT DETAILS This section must be completed

Student Identification Number: | | | | | | | | | **Unit:** | M | E | D | | | |

TITLE e.g. Mr/Ms/Mrs	**SURNAME/FAMILY NAME**	**GIVEN NAMES**

Contact Address:

Post Code:

Contact Phone Numbers: Home: Work:

Mobile: Email:

Course Name: Bachelor of Medicine/Bachelor of Surgery

LEAVE OF ABSENCE (MED100 students cannot take LoA) ***(Please complete 'REASON' section below)***
Year Coordinator and Associate Dean's signature IS required

Period of leave (dd/mm/yy) (eg. 01/01/08 – 30/06/08) From □□/□□/□□ To □□/□□/□□ inclusive

Leave of Absence: MED100 students are not allowed a Leave of Absence except in exceptional compassionate circumstances or due to illness (to be accompanied by supporting documentation).

REASON FOR LEAVE OF ABSENCE (Attach additional page(s) and/or Medical Certificate if necessary) or **NOTES:**

SIGNATURES OF APPROVAL

Year Coordinator		**Date**	
Curtin Coordinator		**Date**	
Dean of Philosophy and Theology, Fremantle		**Date**	
Associate Dean of Medicine, Fremantle		**Date:**	

Student Signature: **Date:**

Office use only: On completion of required approvals, forward to Year Coordinators for noting. Year Coordinators will notify PBL & CD Tutors, Clinical Skills Coordinators and hospital Team Leaders as required. Year Coordinators to return original to Admin Assistant (Medicine) for placement on student file.