



## Leave Of Absence – Offshore Partner

### CONDITIONS

1. This form is for UOW offshore students who intend to take a Leave of Absence from their study.
2. Students become eligible to apply for Leave of Absence at the beginning of the second session of enrolment.

### INSTRUCTIONS

1. Please read the course rules before completing this form.
2. <https://www.uow.edu.au/about/policy/UOW058680.html> (Section 6.37- 6.43 Leave of Absence)
3. Check closing dates with your Offshore Partner Institute before completing this form.
4. A Leave of Absence for Honours and Postgraduate students must be approved and may require supporting documentation.
5. Undergraduate students seeking Leave of Absence exceeding one year (total) are required to attach supporting documentation and your leave must be approved before submitting the application.
6. After the approved period of Leave of Absence is completed the student must re-enrol.
7. Complete all sections of this form.
8. Return the completed application to the **Administration Unit at your Offshore Partner Institute**. Your form will be forwarded to the Faculty for approval before it is sent to Student Services Division.



## Leave Of Absence – Offshore Partner

### PERSONAL DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Course Code: \_\_\_\_\_ Course Name: \_\_\_\_\_ Major: \_\_\_\_\_

### LEAVE OF ABSENCE DETAILS

|  |          |  |       |
|--|----------|--|-------|
| During this degree, have you had a Leave of Absence: | Yes / No | If Yes, please Detail the following information: |       |
|  |          | Session:   | Year: |

|  |          |       |
|--|----------|-------|
| I wish to take a Leave of Absence for: | Session: | Year: |
|--|----------|-------|

|  |                          |                 |                          |
|--|--------------------------|-----------------|--------------------------|
| Reason for Leave of Absence: (Please tick one (1) option only) |                          |                 |                          |
| Work Commitments   | <input type="checkbox"/> | Sick Leave      | <input type="checkbox"/> |
| Standard Leave of Absence                                      | <input type="checkbox"/> | Overseas Travel | <input type="checkbox"/> |
| Other (please state reason):                                   |                          |                 |                          |
|  |                          |                 |                          |
|  |                          |                 |                          |

I acknowledge that I have read and have accepted the conditions outlined in this form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Approval \*** Yes / No \_\_\_\_\_

Approver's Name: \_\_\_\_\_ Approver's Position\* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Faculty approver must be as per the Delegations of Authority Policy