Students wishing to take short-term (non-medical, 10 days or less) leave from the MBBS Program for a specified period of time for a defined reason should read and understand the MBBS Leave of Absence Policy which is located on the MBBS Program website hosted by the MLTU. Prior to applying for leave of absence, it is the student’s responsibility to consult the year level assessment document to determine the academic ramifications of taking leave from the program or from individual clinical attachments. In most cases missed activities, such as small group tutorials, resource sessions and lectures, and clinical attachments cannot be made up.

Applications for short-term leave (non-medical) leave (10 days or less) should be made in writing by completing the MBBS Program Short-term Leave of Absence Application Form (non-medical, 10 days or less) and submitted to the Convenor of the relevant year level committee at least fifteen (15) working days prior to the start of the proposed leave. The relevant year level course committee convenor will make a recommendation to the Executive Dean to grant or deny the request for short-term leave of absence from the MBBS course. The Executive Dean will advise the student in writing of the outcome of their request.

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**LEAVE DETAILS:**

Date(s) of requested leave: ________________________________________________________________

Reason for leave: ___________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(If additional space is required, please attach an additional sheet to this application)

**All Students:** Prior to applying for leave, students are strongly advised to consult the relevant year level Assessment Documents to ensure that they are not putting the successful completion of the year’s program at risk by their planned absence. It is the student’s responsibility to notify the relevant clinical studies office, small group tutors and/or attachment co-ordinator/s of the proposed absence and to ascertain the impact such leave will have on their academic standing.

**Years 4-6 Students:** please indicate the attachment/s for which you will be absent and the names of the attachment co-ordinator. Students in Years 4-6 need to be aware that clinical attachments require attendance and time away may not be able to be made up. No clinical attachments may be made up outside of the established academic year.

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☐ I have discussed my proposed leave with the relevant attachment coordinators and/or small group tutors and will advise the relevant clinical studies office and coordinators/tutors if this leave is approved.

(continued over)
Have you taken any other leave this year?  No ☐  Yes ☐

If yes, please provide details: ______________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Student Declaration:
I have considered the potential effect of taking this leave of absence on my performance in the MBBS Program.

I understand that approval for leave is not granted until the application for leave has been signed by the year level convenor and the student, and written notice has been received from the Office of the Executive Dean.

I understand that failure to obtain written approval from the relevant year level convenor and the Executive Dean will result in my leave being recorded as “absences” for the Board of Examiners.

Name: (please print) ___________________________  Year Level: ____________________
Signature: ___________________________  Date: _______________________

To be completed by the Year Level Committee Convenor

Academic Standing of student at the time of the application (current standing or previous year’s standing as appropriate):

- Good ☐  Borderline ☐  Failing ☐

Convenor’s Recommendation:  Approved ☐  Denied ☐
Name of Convenor: (please print)______________________  Committee for (year level): ______
Signature of Convenor: ___________________________  Date: _______________________
Additional information from Convenor (optional)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

To be completed by the Executive Dean

Application  Approved ☐  Denied ☐

Executive Dean’s office to send final copy to:  File
Yr Level Clinical Studies Office
MLTU
Student

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