



Phase 2: Application for Leave of Absence

Please submit forms to your current Student Coordinator/Discipline Coordinator.

Applicants must read the Medical Program Attendance Guidelines - Phase 2 prior to completing an application.

Personal Details

Title	Give Name	Surname
Student Number	Year Level	Type of Student

Leave Details

Type of Leave	Documentation Supplied
Leave from <input type="text"/>	to <input type="text"/>

I declare that the information supplied herein is correct and complete and that the documentary evidence supporting this application is authentic. For an application on medical grounds, I confirm that the medical practitioner is not a near relative (Examples of near relatives are partner, child, brother, sister, parent) or close associate (Examples of close associates are close friends, neighbors and partners or children of colleagues) of the undersigned. I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in disciplinary action.

Signature	Date <input type="text"/>
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Office Use Only

Head of Discipline/Head of Ochsner Clinical School/Delegate (1 - 5 days per Rotation)

Decision	Approved	Signature	Date <input type="text"/>
	Declined		

Comment

Head of School/Delegate (5 days or above per Rotation)

Decision	Approved	Signature	Date <input type="text"/>
	Declined		

Administration Tasks

Si-net Updated	TRIMMED	Spreadsheet Updated	E-mail Sent
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