If you have any questions regarding completion of this form, please contact Graduate Research School via email to [AskUNE](https://hdr.custhelp.com/app/ask).

**Approval and a statement of support for the requested leave of absence must be obtained from your Principal Supervisor prior to lodging this form, and attached to the application.**

If you are an **international student**, you must provide:

* A medical certificate or supporting documentation if requesting a leave of absence based on medical grounds.
* A statement of support from your Principal Supervisor for all other leave of absence requests.

*Required fields are marked with an asterisk (\*).*

Section 1: Candidate Details

|  |  |
| --- | --- |
| **Candidate Name\*** |  |
| **Student Number\*** |  |
| **Email Address (@myune.edu.au)\*** Staff emails will not be accepted. |  |
| **Degree\*** |  |
| **School/Enrolling Unit\*** |  |
| **Principal Supervisor’s Name\*** |  |
| **Leave of Absence Start Date\***  Day/Month/Year | Click or tap to enter a date. |
| **Leave of Absence End Date\***  Day/Month/Year | Click or tap to enter a date. |

Section 2: Reason for Leave of Absence

|  |  |
| --- | --- |
|  | Illness, injury or other health condition |
|  | Maternity/Parental/Family |
|  | Travelling/holiday |
|  | Employment, training or professional commitments |
|  | Unforeseen research-related circumstances \*Details must be provided below. |
|  | Cultural custom/protocol\* Details of the Cultural Event must be provided below. |
|  | Other reason(s) \*Details must be provided below. |
| \*Details: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is the applicant planning to leave Australia during the leave?** | Yes |  | No |  |

Section 3: Completion Plan

|  |  |
| --- | --- |
| **Targets and Milestones** | **Planned Timeframes** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Section 4: Scholarship/Sponsorship Details

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Is the applicant in receipt of a Scholarship?** | | | | | | | | | |
| Yes\* |  | No |  | \*Scholarship Name | | |  | | |
| **Is the applicant applying for Paid Leave?** | | | | | Yes |  | | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is the applicant sponsored?** | | | | | |
| Yes\* |  | No |  | \*Sponsorship Name |  |

Section 5: Candidate Certification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Student Certification** - By signing below the following items are true: | | | | | |
| **1.** | If applicable, a medical Certificate is included with this application. | | | | |
| **2.** | Supporting documentation has been provided. | | | | |
| **3.** | All information supplied in this form is complete and accurate. | | | | |
|  | | | | |  |
| **HDR Candidate** | |  |  | Click or tap to enter a date. |  |
|  | | **Name** |  | **Date** |  |

The information provided on this application form is being collected to action your request for an extension to your HDR candidature. This information will be processed by the Graduate Research School. Information collected on this form will adhere to UNE’s Privacy Management Rule. Please visit [UNE's Privacy page](https://www.une.edu.au/privacy) for more information.

By submitting this form I declare that all information supplied is complete and accurate.