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| **Section 1: Details of the candidate**  |
| Name of candidate |  |
| Faculty |  |
| Principal Supervisor |  |
| Course | [ ]  PhD [ ]  Masters  | Student Number |  |

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| **Section 2: Leave of absence requested for the period:** |
| Date from: (DD/MM/YYYY) |  |  |  |  |  |  |  |  | Date To:(DD/MM/YYYY) |  |  |  |  |  |  |  |  |

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| Are you an International Student? | [ ]  Yes | [ ]  No | Name of Scholarship/s receiving: |
| Are you a Scholarship holder? | [ ]  Yes | [ ]  No |

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| **Section 3: Reason for requesting leave (attached further pages if required):** |
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| **Section 4: Endorsement from Principal Supervisor** |
| Name | Signature | Date:  |

***Candidate:*** *Please submit form to your Faculty or School HDR Administration team once endorsed by Principal Supervisor.*

***Faculty HDR Administration:*** *Please submit form to* *research.degrees@cdu.edu.au* *once endorsed by Faculty PVC/Delegate or Director/Delegate*