



## Conference Leave Application form (Year 3 MBBS students)

PLEASE NOTE: This is an application form only and **does not** constitute approval – you will be notified via your Monash Student e-mail account as soon as a decision is known. Please ensure that all required documentation is submitted with your application form to prevent lengthy delays in processing.

Submit completed form to the Year 3 Clinical Site Administrator at your site.

**Applications MUST be received no later than four weeks prior to your requested leave. Late applications will not be assessed.**

### Section 1: Student Details

Monash ID: \_\_\_\_\_ Current year of Medical Course: \_\_\_\_\_

Family name: \_\_\_\_\_ Title: \_\_\_\_\_

Given Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

### Section 2: Conference Details

Name of Conference: \_\_\_\_\_ Location: \_\_\_\_\_

Requested Leave Period: Start date: \_\_\_\_\_ Return date: \_\_\_\_\_

**BRIEF description of the conference and why you feel your attendance will benefit your MBBS studies:**

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Are you presenting or submitting a poster at this conference (please tick) Yes  No

If yes, please indicate if you are presenting or submitting a poster, and provide a brief description of the submission:

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Please supply a website should we wish to view further information about this conference:

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**Study Management Plan:** All students who are considered for conference leave are asked to submit a Study Management Plan that details how you intend to make up for missed academic content during your absence.

**Student Declaration:**

I declare that the information supplied on this form and the information given in support of my application is correct and complete. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in the withdrawal of approved Conference Leave.

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

**Section 3: Staff Use Only**

Documentation submitted:

Accept Application:  Reject Application:

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorised Signature: \_\_\_\_\_ Date of approval: \_\_\_\_\_

Recorded in attendance log:  Student notified:  Copy (electronic if possible) to student file:   
(cc CSA) (via MBBS Student Services)

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_