

Conference Leave Application form (Year 4 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 4 Discipline/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:

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:

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

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. Please complete Section 3 below and submit with this application.

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: _____

