

Conference Leave Application form (Year 5 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 Clinical Site Administrator at your site or at your Clinical School.

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:

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 have your plan **signed off by your supervisor** 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:
(cc CSA)

Copy (electronic if possible) to student file:
(via MBBS Student Services)

Processed by: _____

Date: _____

