



Section A Personal Details	
Monash Student ID Number (if previously a Monash student)	_____
Surname	_____ Given Names _____
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Date of Birth _____
	Day Month Year
Address	_____
	Number/Street

	Suburb/City State Postcode
Telephone	() / _____
	Home Mobile
Monash Student Email Address	_____
Are you a citizen or permanent resident of Australia?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Section B Course Details	
Course Title	_____ Course Code _____
Unit to complete on return	_____
Requested returning semester	_____
Section C Initial Application Details	
Please provide a short written description of your initial reasons for taking a period of Intermission.	
Please provide a short written description of why you now feel you are ready to return to your studies.	

Section D Recommendations from Deputy Dean, Medicine Nursing and Health Sciences

Dep. Dean Signature: _____ Date: _____

Section E Applicant's Declaration

I declare that I am willing to follow the recommendations set out in my meeting with Prof. Leon Piterman OR Prof. John Murtagh once I re-commence my studies in the Bachelor of Medicine/Bachelor of Surgery and associated courses. I also declare that I will notify Prof. Leon Piterman OR Prof. John Murtagh should my circumstances change and I feel unable to continue with my study commitments, or a reoccurrence of my personal/medical issues occur which I feel will affect studies in my course. I am also aware that I will need to hand this form to the Manager, MBBS Student Services and Administration for processing, and may need to fill out additional paperwork for my enrolment to be correct.

Student's Signature: _____ Date: _____

Privacy Statement

The information on this form is collected for the primary purpose of assessing your application to return from Intermission. Other purposes of collection include attending to administrative matters and the maintenance of the enrolment records on the student database corresponding with you. If you choose not to complete all the questions on this form, it may not be possible for the Faculty of Medicine, Nursing & Health Sciences to assess your application. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on (03) 9905 6011.

Office use only:

Result of Application Assessment

Comments:

Authorised by: _____ Date: _____

Processing Status

Logged Enrolment keyed in Callista

Initials _____ Date: _____

Note: Application form to be forwarded to Manager MBBS Student Services and Administration