

Please return form to:

Postgraduate Scholarships Coordinator
Office for Postgraduate Research
Victoria University, Footscray Park Campus
PO Box 14428, Melbourne City MC, VIC, 8001

APPLICATION FOR SCHOLARSHIP LEAVE

Surname:	
Given Name:	
Scholarship No:	(Refer to Payslip)
Department/School/ Centre:	

Type of Leave requested: (Please tick)

Sick (with Medical Certificate) Sick (without Medical Certificate)

Annual Maternity

Leave of Absence*

*You MUST also complete an Application for Leave of Absence form available from Student Administration offices. Please include exact start and end date of leave as indicated below. A copy of that form MUST be attached to this request.

Other (Please specify): _____

Dates of Leave:

____/____/____ (first day)

 to

____/____/____ (last day)

Number of days of leave: _____

Signature: _____ Date: ____/____/____

Approval: _____ (Principal Supervisor/Head of School, Centre or Institute)	Date: ____/____/____
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Scholarship Officer/Payroll Office Use only

Total Days Taken: _____ Entered on payroll system : ____/____/____

Change to scholarship end date No Yes

Previous end date: ____/____/____ New end date: ____/____/____

Payroll advised Student advised Details input (Chrispay/Excel)

Comments: _____