

APPLICATION FOR LEAVE OF ABSENCE



UNIVERSITY OF TASMANIA

Registrar's Division
Student Administration Office

Student Number _____ Date _____

Surname _____ Given Names _____

Address _____

State _____ Postcode _____

Course Code and Name: _____

When do you wish to take leave of absence: Semester _____ Year _____

When do you intend to resume your studies: Semester _____ Year _____

Reason for requesting leave of absence:

Do you wish to withdraw completely from your course if leave of absence is not granted? YES/NO

Note: All LOA requests are subject to approval by the Head of School

Signature: _____

OFFICE USE ONLY

STUDENT ADMINISTRATION

Withdrawn from unit(s): _____

Student advised: _____

Comment recorded on USRS: _____

HEAD OF SCHOOL DECISION

Request approved: YES/NO

Withdrawal without **academic** penalty: YES/NO

Signature: _____

Date: _____