

IMPORTANT INFORMATION & INSTRUCTIONS
READ THIS BEFORE COMPLETING THE ATTACHED FORM

- ⇒ This form should only be filled in once you have read your **Scholarship Conditions of Award** to ensure you are entitled to request scholarship leave. **NOTE:**
 - Not all scholarship holders are entitled to all or any types of (paid) leave
 - Some scholarship holders may need to check with the awarding organisation if there are paid leave entitlements if these are not clearly stated in the Conditions of Award
 - Most scholarship holders are not eligible to apply for leave in their first six months or year of award or candidature
- ⇒ This form should **NOT** be used if you are seeking a Leave of Absence (LOA) from your HDR program and/or Suspension of Award (SOA) – use the **Higher Degree Research Office LOA/SOA form** (see instructions attached to the LOA/SOA form).
- ⇒ This form **CAN** be used for:
 - Requests for **sick leave** greater than 10 days **and** accompanied by a medical certificate (with dates of illness stated)
 - Requests for **maternity or parenting leave** and accompanied by a medical certificate provided by medical practitioner stating (expected) date of delivery/birth of the child (**NOTE:** if you are seeking to suspend your enrolment while you take maternity leave you **MUST** fill in the **Higher Degree Research Office LOA/SOA form**)
 - **Recreation leave** outside the December/January period (when leave is ordinarily presumed to be taken)
- ⇒ This form **SHOULD** be submitted **no later than:**
 - For **sick leave**: within 14 days of illness (unless prevented by circumstances beyond your control)
 - For **maternity or parenting leave**: at least four weeks prior to date of leave requested
 - For **recreation leave**: at least four weeks prior to date of leave requested
- ⇒ Applications for retrospective leave will not ordinarily be considered, however scholarship holders should seek advice from HDRO if there are exceptional circumstances
- ⇒ **You should discuss all leave requests with your supervisor prior to filling in this form.** Your supervisor will need to sign this form before it is submitted to the Higher Degree Research Office (HDRO).
 - *You should also inform your Department or Faculty HDR Manager or adviser of any time you are away or on leave*

Questions about the use of this form can be directed to the Scholarships Officer, HDRO at: hdrschol@mq.edu.au

Submit this Scholarship Leave Request form
to the Scholarships Officer, Higher Degree Research Office (HDRO)
Level 3, Research HUB, C5C East, Macquarie University NSW 2109

STUDENT NUMBER									
NAME OF AWARD HOLDER Mr _____ Mrs _____ Ms/Miss _____ Family Name _____ Other Name _____									
CONTACT DETAILS: Address _____ _____ Phone: _____ Email: _____									
NAME OF AWARD: APA <input type="checkbox"/> (i)MQRES <input type="checkbox"/> IPRS <input type="checkbox"/> IMURS <input type="checkbox"/> RAACE <input type="checkbox"/> Other <input type="checkbox"/> _____ (please specify)									
Course _____					Faculty/Department _____				
Candidate (✓) <input type="checkbox"/> Domestic <input type="checkbox"/> International					Enrolment (✓) <input type="checkbox"/> Full time <input type="checkbox"/> Part time				
I am applying for (✓):									
1. <input type="checkbox"/> sick leave (<i>medical certificate attached</i>) From ___ / ___ / ___ To ___ / ___ / ___									
2. <input type="checkbox"/> maternity leave or parenting leave (<i>medical certificate attached</i>) From ___ / ___ / ___ To ___ / ___ / ___									
3. <input type="checkbox"/> recreation leave outside December/January From ___ / ___ / ___ To ___ / ___ / ___									
Additional information (Optional) – please provide additional information not contained in a medical certificate if it would be helpful in determining eligibility for requested leave)									
DECLARATION OF AWARD HOLDER I declare that the information supplied by me on this form is complete, true and accurate in every particular. I agree to repay any allowance overpaid to me as a result of false or inaccurate information provided by me in submitting this claim. Signature: _____ Date: ___ / ___ / ___									
SUPERVISOR to complete this section Do you support this application for the period of leave requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments – if any (optional and/or attach statement of support)									
Name (please print) _____			Signature _____				Date: _____		
HDRO OFFICE USE ONLY									
Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Certificate attached: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Entered Schol dB: <input type="checkbox"/> Yes <input type="checkbox"/> No Memo to HR: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Letter to student: <input type="checkbox"/> Yes <input type="checkbox"/> No Email to student/supervisor/HDR Mgr: <input type="checkbox"/> Yes <input type="checkbox"/> No									
Comments: _____ _____ _____									
HDRO Officer signature: _____					Date processed: ___ / ___ / ___				