



Postgraduate Research Award Schemes **SCHOLARSHIP LEAVE REQUEST FORM**

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

Postgraduate Research Award Schemes
SCHOLARSHIP LEAVE REQUEST FORM



MACQUARIE
 University
 SYDNEY · AUSTRALIA

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:	<input type="checkbox"/> APA <input type="checkbox"/> (i)MQRES <input type="checkbox"/> IPRS <input type="checkbox"/> IMURS <input type="checkbox"/> RAACE <input type="checkbox"/> Other _____ (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. **sick leave** (*medical certificate attached*) From ____ / ____ / ____ To ____ / ____ / ____

2. **maternity leave or parenting leave**
 (*medical certificate attached*) From ____ / ____ / ____ To ____ / ____ / ____

3. **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? Yes 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 R.M.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Sponsor Screen Updated if INT:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email to H.R.	<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: ____ / ____ / ____	