

Law School

Application for Leave to Study Overseas/Away

(For LLM by Thesis/SJD Candidates Only)



THE UNIVERSITY OF
MELBOURNE

LGMR4

This form is for completion by LLM by Thesis/SJD candidates requesting permission to study overseas or away from the University during their candidature. Please return this form to the Office for Research (Law) after completion of all sections. Mailing Address: Office for Research (Law), Law School, The University of Melbourne, VIC 3010, Australia. Facsimile: +61 3 8344 4601.

Any alterations to leave dates must be reported by completing an additional form. Students should ensure they have adequate travel insurance.

The University's privacy statement can be viewed at <http://www.unimelb.edu.au/unisec/privacy/studentinfo.html>, or a copy can be requested for the Office for Research.

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|---|----------------------|-------------|----------------------|-------------|----------------------|----------------------|
| TITLE | <input type="text"/> | FAMILY NAME | <input type="text"/> | STUDENT NO. | <input type="text"/> | |
| GIVEN NAME(S) | <input type="text"/> | | | DEGREE | <input type="text"/> | |
| DEPARTMENT | <input type="text"/> | | | SCHOLARSHIP | <input type="text"/> | |
| ADDRESS | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| POST CODE | <input type="text"/> | TELEPHONE | <input type="text"/> | | MOBILE | <input type="text"/> |
| PREFERRED EMAIL ADDRESS | <input type="text"/> | | | | | |
| CONTACT DETAILS WHILE AWAY: | | | | | | |
| Note: Re-enrolment papers will be sent to this address. | | | | | | |
| ADDRESS | <input type="text"/> | | | | | |
| | <input type="text"/> | | | | | |
| COUNTRY | <input type="text"/> | | | | | |
| POST CODE | <input type="text"/> | TELEPHONE | <input type="text"/> | | MOBILE | <input type="text"/> |
| PREFERED EMAIL ADDRESS | <input type="text"/> | | | | | |

I wish to apply for permission to study abroad/away from the University:

Whilst holding a scholarship/award
 Whilst not holding a scholarship/award

For the period of to

I have the necessary funds to cover travel expenses and incidental costs. I wish to study abroad/away for the following reasons, and at the following location:

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |
| <input type="text"/> |

All applications for leave to study away **MUST** be accompanied by a completed "Risk Assessment - 2D Model" risk assessment form which is available for download from, <http://www.unimelb.edu.au/ehsm/A.html> and should be completed in conjunction with your supervisor who must authorise the form.

Your application for leave to study away will NOT be processed at unless this completed Risk Assessment form is attached to this application.

Students applying for leave to study away from campus should read the Off Campus Guidelines in Section 7.1 of the Environment Health and Safety Manual. This information can be viewed online at <http://www.unimelb.edu.au/ehsm/7.html>

SIGNATURE DATE

Leave may be granted to LLM by Thesis and SJD candidates to study away from the University in order to make use of essential research facilities or materials not available in Melbourne. Candidates remain enrolled and no change is made to their completion dates. Candidates who will be away during the re-enrolment period should make appropriate arrangement for re-enrolment before they leave.

Please note that leave to study overseas or away from the University is available for APA or MRS scholarship holders for up to 12 months in aggregate.

FOR COMPLETION BY THE SUPERVISOR AND HEAD OF DEPARTMENT

We approve the above request and confirm that appropriate arrangements have been made for the candidate's work to be supervised.

We certify that the work is a necessary and integral part of the candidate's research program, that the student is required to continue enrolment at the University, and the work is to be credited towards his/her higher degree candidature.

Leave is for: 3 months or less

more than 3 months (or consecutive periods totalling more than 3 months)

If leave is for more than 3 months, an associate supervisor has been appointed and has agreed to act.

NAME OF NOMINATED EXTERNAL SUPERVISOR:

INSTITUTION:

SUPERVISOR'S COMMENTS:

A "Risk Assessment – 2D Model" assessment form has been completed in conjunction with the student, has been authorized by the supervisor and is attached

Yes

NAME: **SIGNATURE:** **DATE:**

ASSOCIATE DEAN'S (RESEARCH) COMMENTS:

NAME: **SIGNATURE:** **DATE:**

HEAD OF DEPARTMENT'S COMMENTS (To Be Completed For Scholarship Recipients Only):

NAME: **SIGNATURE:** **DATE:**

| | |
|--|-----------------------------------|
| OFFICE USE ONLY | |
| SCHOLARSHIPS APPROVAL: <input type="text"/> | DATE: <input type="text"/> |
| FACULTY APPROVAL: <input type="text"/> | DATE: <input type="text"/> |
| MERLIN UPDATED: <input type="text"/> | DATE: <input type="text"/> |