

COMPASSIONATE LEAVE

APPROVED LEAVE OF ABSENCE APPLICATION FORM



ELDER CONSERVATORIUM OF MUSIC

Name: _____ ID number: _____

Program: _____ Instrument: _____

Contact phone number(s): _____

Date/s of compassionate leave: _____

Please note: Compassionate leave will only be granted in exceptional circumstances which were unforeseen and beyond your control.

Reason for leave: _____

Please list the course or ensemble (ie subject) which will be affected by the proposed absence below.

Subject area	Catalogue number	Name of Course (ie subject or ensemble)

Note that a demonstration to prove that you have caught up on any work missed during your absence may be sought before continuing. For choral activities, this may involve meeting with the conductor and singing requested excerpts of repertoire currently being rehearsed.

Signature of student: _____ Date: _____

Following completion of this section of the form, please submit it to the relevant staff member for their recommendation.

Leave is normally approved by the lecturer, teacher or conductor directly involved in the activity affected by the requested Leave. You will be notified by that person if approval is also required by the relevant Head of Studies.

Recommendation: Approved: Not Approved: Date: _____

Signed: _____ Name: ,

Relevant Head of Studies (if required) Date: _____

Signed: _____ Name: ,

Completed form to be returned to the staff member who approved the leave

Please keep a copy of this form for your own records.