

# PROFESSIONAL DEVELOPMENT LEAVE

APPROVED LEAVE OF ABSENCE APPLICATION FORM



ELDER CONSERVATORIUM OF MUSIC

Name: \_\_\_\_\_ ID number: \_\_\_\_\_

Program: \_\_\_\_\_ Instrument: \_\_\_\_\_

Contact phone number(s): \_\_\_\_\_

Date and time of proposed activity: \_\_\_\_\_

**Please note: Final arrangements for any professional development commitments must wait until formal approval has been granted by the Head of Studies, then all signatures obtained. Approval is not an automatic process.**

Reasons this activity will be of considerable professional and educational benefit: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Head of Studies** (refer to the web for a complete list of the Heads and all their contact details). If the leave is approved the signature of the lecturer, teacher or conductor directly involved in the activity affected by the requested Leave, must be obtained.

In the case of students enrolled in performance subjects involving individual tuition, the lecturer, teacher or conductor's signature is required, as well as that of the appropriate Head of Studies. In the case of ensembles, you may need more than one signature to indicate that all staff are informed and approve.

**Head of Studies Recommendation:**  Approved  Not Approved Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

**Recommendation:**  Approved  Not Approved 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.**