

SHORT TERM LEAVE

SHORT PERIOD OF LEAVE OF ABSENCE APPLICATION FORM _____

ELDER CONSERVATORIUM OF MUSIC



Name: _____ ID number: _____

Program: _____ Instrument: _____

Contact phone number(s): _____

Dates of proposed leave: _____

(Please note that final arrangements for any outside commitments must wait until formal approval has been granted by the Head of Studies, then all signatures obtained.)

Reasons for this application: _____

Signature of student _____ Date: _____

Head of Studies recommendation: Approved: Not Approved: Date: _____

Signed: _____ Name: _____

Comments: _____

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 they approve the leave, the signatures of all staff concerned must be obtained.

Following Head of Studies approval, list all courses (ie subjects) involving commitments which will be affected by the proposed absence below. Endorsement by each of the staff members concerned must be obtained prior to finalising arrangements. In the case of students enrolled in performance subjects which involve individual tuition, the teacher's signature is required, as well as that of the appropriate coordinator.

Name of Course (ie Subject)	Subject Code & Cat no.	Name of Staff member	Signature indicating approval

Form to be returned to the Head of Studies after all signatures have been obtained

Office Use Only

Date form received: _____

Date form filed: _____