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| http://www.usq.edu.au/extrafiles/marketing/logos/USQ_Ver_1_FullCol.jpg |  | University of Southern Queensland  CRICOS: QLD00244B NSW02225M TEQSA: PRV12081  Office of Research Graduate Studies  Enquiries: (07) 4631 5382  Facsimile: (07) 4631 1995 |

#### Scholarship Leave Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Last Name (please print) | | | | | | | | | | Given Names | | | | | | | | | | | | Student ID | | | | | | | |
| Faculty/Department | | | | | | | | | | Extension | | | | | | Signature | | | | | | | | Date | | | | | |
| **SCHOLARSHIP CATEGORY** (tick appropriate box) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APA | |  | | USQ IPRS | | | |  | USQ PRS | | | | |  | Other | | | |  | | Please specify: …………………………. | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leave to be specified in Days  (or Hours if part day) | | | | | Leave to be specified in Hours | | | | | | | | | | | | | | | | | | | | | | | | |
| **LEAVE CODE** | | |  | | | **FROM (First Working  Day Off)** | | | | |  | | **TO**  **(Last Working  Day Off)** | | | | |  | | **TOTAL DAYS OF LEAVE** (Full-Time Employees Only) | | |  | | **TOTAL HOURS OF LEAVE** (Fractional, Sessional, Term, AHE, 48/52) | | | | |
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| **Notes:**   1. **Doctor's Certificate is required for sick leave periods in excess of 3 days.** 2. **Appropriate documentation should be attached supporting statements or comments.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Leave (if applicable) | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | |
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| I certify that the period requested in this Leave Application is correct and recommend the application for approval. | | | | | | | | | | | | | | | | | Approved by: | | | | | | | | | | | | |
| Name | | | | | | | | | | | |  | | | | | Name | | | | | | | | |  | | | |
| Signature | | | | | | | | | | | | / / | | | | | Signature | | | | | | | | | / / | | | |
| Principal Supervisor | | | | | | | | | | | | Date | | | | | Office of Research Graduate Studies | | | | | | | | | Date | | | |

**LEAVE CODE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Code*** | ***Plan*** | ***Plan Type*** |  | ***Code*** | ***Plan*** | ***Plan Type*** |  |
| REC | Recreation Leave | 51 |  | SCK | Sick Leave | 50 |  |

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Other please specify: ....................................................................................

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