THE UNIVERSITY OF MELBOURNE

Faculty of Veterinary Science
ADVICE OF RETURN FROM LEAVE FOR MASTERS STUDENTS ONLY

This form must be fully completed and returned immediately to the Faculty of Veterinary Science Parkville a week before your leave expiry date**. PLEASE ENSURE YOUR ENROLMENT IS CONFIRMED ON OR BEFORE THE DAY YOUR LEAVE EXPIRES IN ORDER TO AVOID A LATE ENROLMENT FEE BEING IMPOSED BY STUDENT ADMINISTRATION.** The University's privacy statement can be viewed at http://www.unimelb.edu.au/unisec/privacy/studentinfo.html, or a copy can be requested from the Faculty General Office.

TITLE _____ **FAMILY NAME** _____ **STUDENT NO.** _____

GIVEN NAME(S) _____ **DEGREE** _____

ADDRESS _____

POST CODE _____ **CONTACT PHONE NO** _____

EMAIL ADDRESS _____

SCHOLARSHIP/S _____

I am returning from leave and will re-commence on **DATE** _____

SIGNATURE _____ **DATE** _____

I confirm that the above-named student has recommenced study at the University of Melbourne.

SUPERVISOR

NAME _____ **SIGNATURE** _____ **DATE** _____

HEAD OF DEPARTMENT

NAME _____ **SIGNATURE** _____ **DATE** _____

OFFICE USE ONLY

FACULTY APPROVAL _____ **DATE** _____

NEW SUBMISSION DATE _____ **MERLIN UPDATED** _____

Updated on the 5/4/05