

**Application for Leave of Absence (Innovation Placement)**

**1. Student’s Details:**

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| Full Name and Correspondence Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Registration Number: | | School: |
| Email address: | | Degree registered for: (MPhil/PhD) |
| Date of Entry: | | Current deadline for submission: |
| 🞎 Full-Time  🞎 Part-Time | | If you hold a Tier 4 student visa your leave of absence will be reported to the UK Visa & Immigration. The UKVI requires all educational institutions to do this. Please be aware that once you have been reported, the Home Office may contact you directly. | |
| Financial sponsor: | | | |

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| Length of leave sought:  *(Maximum period is 3 months)* | From (date) | To (date) |

**2. Application for a leave of absence for Innovation Placement**

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| **Details of placement:** NB. Please check (and confirm) that the Host Organisation Declaration Form has been signed and received by the Doctoral College and ensure that a Risk Assessment is completed once the placement project has been defined. |
| **Signature of Student:** Date: |

**3. Supervisors Statement**

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| **Please indicate here whether or not the student’s application is supported. Please also confirm that the student is making good progress with their PhD studies (unsatisfactory progress may mean that the placement cannot be supported).** | |
| **Name of Supervisors:** (please print and indicate the supervisor with prime responsibility with an asterisk)    **Signature of Supervisor(s):**  **Date:** | **Signature of Director of Doctoral Programmes:**  **Date:** |

***All expenses incurred during the project need to be claimed for using the online*** [***expenses***](https://internal.lboro.ac.uk/info/finance/staff/shared-services/expense-claims/) ***form. This should be retuned with receipts to Zoe Chritchlow, Graduate House, Angela Marmont Building Doctoralcollege@lboro.ac.uk***

**PLEASE RETURN COMPLETED FORM TO: Rebecca Ginger R.ginger@lboro.ac.uk**

**FOR OFFICE USE ONLY:**

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| **Innovation Placement Award** (19/20). | | | | |
| Value of Basic Award | £ | | Project and account code/s: |  |
| **Authorisation**(\*delete as appropriate) | | | | |
| I agree to the award and the values shown above. | | | | |
| Doctoral College nominee (PLEASE PRINT NAME): | |  | | |
| Signature: Date: | | | | |