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| Application for Leave of Absence (Research Degrees) |

**PLEASE ENSURE THAT ALL PARTS OF THE FORM ARE COMPLETED TO AVOID DELAYS IN PROCESSING YOUR APPLICATION.**

Students may apply for a leave of absence from their studies which will be subject to the approval of the Director of Doctoral Programmes of their School and Supervisor(s). Leave of absence will be for a maximum of 12 months in the first instance and will normally apply only during a period of tuition fee-paying registration. Requests for leave for personal, health or family reasons will be considered sympathetically. Requests may also be considered in exceptional circumstances for leave for the purposes of short term employment, temporary lectureships, exchanges, voluntary service overseas or expeditions/sports. Leave of absence during the extension period will not normally be considered except on medical grounds

**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: | | | |

**2. Application for a leave of absence:**

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| Length of leave sought:  *(Maximum period is 12 months)* | From (date) | To (date) |
| Is this your first request for a leave of absence? Please note: it is not normal practice for the University to approve prolonged periods of leave  🞎 Yes 🞎 No – please indicate the number of months previously approved | | |
| Reasons for the request (please tick the appropriate box(es) below) | | |
| 🞎 Academic 🞎 Financial 🞎 Medical\* 🞎 Personal | | |
| \* Please note: if you wish to apply for a leave of absence on medical grounds, you must obtain a medical certificateand submit it along with your completed form. | | |
| **Additional supporting details must be provided below:** Please note that incomplete applications cannot be processed | | |
| **Signature of Student:** | **Date**: | |

**3. Supervisor’s Statement:**

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| **Please indicate here whether or not the student’s application is supported. Please also indicate the revised schedule for the review of research degree progress. (**Please note that this information will be released to student.) | |
| **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:** |

PLEASE RETURN COMPLETED FORM TO: Doctoral College Office (Academic Registry), Rutland Building, Loughborough University.

**For further enquiries please contact:**

The Doctoral College Office (Academic Registry)  
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Loughborough University  
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