|  |  |
| --- | --- |
| A picture containing text  Description automatically generated | **Application for a Leave of Absence for PGR Students**  For guidance see: <https://www.sheffield.ac.uk/rpi/pgr/manage/leave-absence>. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1: TO BE COMPLETED BY THE STUDENT** | | | | | | | | | | | | | | |
| Family Name |  | | | First Name | | | | | | | |  | | |
| Registration Number |  | | | Department | | | | | | | |  | | |
| Are you studying in the UK on a visa? | | | | | Yes  No | | | |  | | | | | |
| Students studying on a Tier 4/Student visa are **STRONGLY ADVISED** to first complete the LOA self-help tool to understand if this LOA will affect their visa: <https://docs.google.com/a/sheffield.ac.uk/forms/d/e/1FAIpQLSfsqK3w3EgN4KxiP7rtjG3j_kmDivjwlfV5aHI0TvfMjHcR_g/viewform> | | | | | | | | | | | | | | |
| **CORONAVIRUS:** Is this leave of absence request because you are unable to continue your studies due to the Coronavirus (COVID-19) outbreak, e.g. due to illness or an inability to study remotely:  Yes  No | | | | | | | | | | | | | | |
| Are you funded by a Doctoral Loan?  Yes  No | | | | | | Are you funded by a Research Council scholarship? (if yes, provide details)  Yes  No | | | | | | | | |
| Registration start date (DD/MM/YY): | |  | | | | Current time limit (DD/MM/YY): | | | | |  | | | |
| First date of absence (DD/MM/YY): | |  | | | | Last date of absence (DD/MM/YY): | | | | |  | | | |
| **Students on a Tier 4/Student visa only:**   * Work out the duration of the LOA (use this [link](https://www.timeanddate.com/date/duration.html) to calculate and make sure you tick the box labelled ‘Include end date in calculation’): \_\_\_\_\_\_\_ days. * Add this to your current time limit. Is this date after your visa expiry date?  Yes  No   **Please note, if your answer is Yes to the above, your visa will be affected.** | | | | | | | | | | | | | | |
| **Notes:**   * Absences of under four weeks (up to a maximum of 27 days) will be approved as an authorised absence. This will not result in any change to your time limit. Absences that exceed four weeks will be regarded as a leave of absence and your time limit will be extended. * Student stipends are normally suspended during a period of LOA and will resume when a student re-registers at the end of their LOA. Some exceptions to this rule apply to students requesting a LOA on medical or parental grounds, depending on who is sponsoring the student’s stipend, and other factors. You are advised to check with your funder whether you are eligible for an additional stipend payments during a leave of absence on these grounds. * Appropriate evidence must be provided to support a request for LOA, e.g. a doctor’s note for medical LOA, a MATB1 form for maternity leave. | | | | | | | | | | | | | | |
| Reason for the absence request - please tick at least one box. | | | | | | | | | | | | | | |
| Medical  (medical evidence must be provided) | Personal | | | | Parental  Expected due date:  (MATB1 form must be provided for maternity leave) | | | Academic | | | | | | Financial |
| **Supporting statement (compulsory).** Please provide a brief explanation of the reason for your request - *attach additional sheets if necessary* | | | | | | | | | | | | | | |
| By signing, I confirm that the above information is correct and consent to my LOA application being processed.  **For visa students only:** I understand that taking this leave of absence may affect my Tier 4/Student visa  **For students who receive a stipend from a sponsor:** I understand that taking this leave of absence may result in my stipend being suspended | | | | | | | | | | | | | | |
| Student signature: | | | | | | | Date: | | | | | | | |
| **SECTION 2: TO BE COMPLETED BY THE ACADEMIC DEPARTMENT** | | | | | | | | | | | | | | |
| **Additional details (compulsory):** - *Comments/information relevant to the student’s application must be included* | | | | | | | | | | | | | | |
| Do you support the student’s application for a leave of absence? | | | | | | | | | | Yes  No | | | | |
| **This application has been considered by the Department and the above information is accurate. I understand that if this application is being submitted after the absence has taken place, this could raise questions and concerns regarding the effectiveness of this Department’s student attendance monitoring procedures. Any justifications for the amount of time it has taken for a retrospective leave of absence request to be agreed, and if necessary, reported to UKVI will need to be defensible in the event of a UKVI audit.** | | | | | | | | | | | | | | |
| Supervisor Name: | | | Signature: | | | | | | | | | | Date: | |
| HoD/PGR Lead Name: | | | Signature: | | | | | | | | | | Date: | |

**Completed forms should be sent to Research, Partnerships and Innovation for processing: Arts & Humanities -** [**pgrarts@sheffield.ac.uk**](mailto:pgrarts@sheffield.ac.uk)**; Engineering -** [**pgreng@sheffield.ac.uk**](mailto:pgreng@sheffield.ac.uk)**; Health -** [**pgrhealth@sheffield.ac.uk**](mailto:pgrhealth@sheffield.ac.uk)**; Science -** [**pgrsci@sheffield.ac.uk**](mailto:pgrsci@sheffield.ac.uk)**; Social Sciences -** [**pgrsocsci@sheffield.ac.uk**](mailto:pgrsocsci@sheffield.ac.uk)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3: TO BE COMPLETED BY INTERNATIONAL STUDENT SUPPORT, ADVICE & COMPLIANCE FOR OVERSEAS STUDENTS** | | | | | | | | | | |
| Is a new ATAS application required?  Yes  No | | If Yes, is ATAS required immediately?  Yes  No  Or, as part of a new Tier 4 visa application?  Yes  No | | | | Does this Leave of Absence require reporting to the Home Office?  Yes  No | | | |
| **SECTION 4: TO BE COMPLETED BY RESEARCH, PARTNERSHIPS AND INNOVATION** | | | | | | | | | | |
| Does this LOA need reporting to the SLC?  Yes  No | No. months LOA/EXT previously approved  LOA EXT | | | | Refer to Special Cases Committee?  Yes  No | | Approved by the Faculty/SCC?  Yes  No | | |
| Notes: please record any amendments or notes concerning this application. If an application is not approved a reason must be provided. | | | | | | | | | |
| **Signed on behalf of the Faculty by:** | | | | | | | | | | |
| Name: | | | Signature: | | | | | | Date: | |
| End date for payment of tuition fees: | |  | | Time limit for submitting the thesis: | | | |  | | |