The University Of Sheffield.

Application for Leave of Absence (Suspension of Studies)

Undergraduate and Postgraduate Taught students

For guidance on completing this form, and sources of further information:
Students: www.sheffield.ac.uk/ssid/change-of-status/leave
Staff: www.sheffield.ac.uk/sss/sas/rsr/cos/loa

Student Details
You should visit/contact your department for advice before completing this form

Registration Number
Please enter all 9 digits

If you have a tier 4 visa, please tell us where you will be living during your leave. Forms cannot be processed without this information.

Family Name
Please print

First Name(s)

Are you studying in the UK with a visa?   Yes   No

CORONAVIRUS: Please confirm if this leave request is because you are unable to continue your studies due to the Coronavirus (COVID-19) outbreak, for instance due to illness, quarantine or an inability to study remotely:

Yes this leave is related to the Coronavirus (COVID-19) outbreak

No this leave is not related to the Coronavirus (COVID-19) outbreak

Period of Leave of Absence

Date the student stopped attending or engaging with their programme of study*.   /   /
Enter dates as DD/MM/YY

End date of Leave*.   /   /   New expected date of completion of programme*   /   /

Reasons for the application. At least one reason code must be entered, but a second reason code may also be added

Primary reason   Secondary reason   CODES: 1 Academic   2 Financial   3 Medical   4 Personal
5 Maternity/paternity/adoption   6 Intercalation (see below)

For the remainder of the 19-20 academic session, if leave is on medical grounds, a medical certificate DOES NOT need to be submitted with this form. Students in the Faculty of Medicine, Dentistry and Health are still required to see Occupational Health.

Faculty of Medicine, Dentistry and Health only:

Does this Leave of Absence include a period of intercalation?   Yes   No
Is the student intercalating on a University of Sheffield postgraduate programme?   Yes   No

*Please ensure dates correspond with semester dates (www.shef.ac.uk/about/dates)

Student Signature

Signature   Date   /   /

Academic Department Signatures   Department staff to complete

This application has been checked for accuracy, and approved in line with any relevant General and Programme Regulations

ACADEMIC ADVISER	Date	/	/	ACADEMIC ADVISER	Date	/	/
DEPARTMENTAL APPROVAL	Date	/	/	DEPARTMENTAL APPROVAL	Date	/	/
HOME DEPARTMENT NAME				DUAL DEPARTMENT NAME (IF APPLICABLE)			

Notes: (attach additional sheets or write notes below if necessary)

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ACADEMIC DEPARTMENT:
Please email the completed form to sas.cos@sheffield.ac.uk. PLEASE NOTE: you must insert a subject for the email in the following format to avoid delays in processing: XXXCOS (where XXX is your department code, eg. MAS, ACS, ACE, DEN).

Student Support Services Staff to complete

ISS Team   Date   /   /

Faculty Approval   Date   /   /

Record updated   Date   /   /   Record checked

Notified: Dept   Student   Sponsor   NHS   Events Team   PGT checklist completed