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/srr/cos/loa

Student Details

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

Registration Number
Please enter all 9 digits

Family Name
First Name(s)

Student Signature
Signature
Date

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*.

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

DEPARTMENTAL APPROVAL Date

HOME DEPARTMENT NAME

DUAL DEPARTMENT NAME (IF APPLICABLE)

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

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
Faculty Approval
Record updated
Notified:
Dept Student Sponsor NHS Events Team PGT checklist completed

Date
Date
Date
Date
Date

April 2020