



The University
Of Sheffield.

Application for Leave of Absence

Postgraduate Research Students

For guidance on completing this form, please see:

www.shef.ac.uk/rs/code/loa

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 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

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	YYYY	Current time limit:	DD	MM	YYYY
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Date your leave of absence will start	DD	MM	YYYY	Date your leave of absence will end	DD	MM	YYYY
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Reason for the leave of absence request	Medical <input type="checkbox"/> (medical evidence must be provided)	Personal <input type="checkbox"/>	Parental <input type="checkbox"/> (please provide the expected due date) DD MM YYYY	Academic <input type="checkbox"/>	Financial <input type="checkbox"/>
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Supporting statement. Please provide a brief explanation of the reason for your request - *attach additional sheets if necessary*

I confirm that the above information is correct

Student signature:	Date:
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Confirmation of the outcome of your leave of absence request will be sent to your University email account.

SECTION 2: TO BE COMPLETED BY THE ACADEMIC DEPARTMENT

Additional details: - please add any comments/information relevant to the student's application

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 leave of absence request is a retrospective request 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 your Departmental PGR Administrator who will forward them to Research Services.

Departmental PGR Administrators: Please return this completed form to one of the following email addresses: Arts & Humanities - pgrarts@sheffield.ac.uk; Engineering - pgreng@sheffield.ac.uk; Medicine, Dentistry & Health - pgrmdh@sheffield.ac.uk; Science - pgrsci@sheffield.ac.uk; Social Sciences - pgrsocsci@sheffield.ac.uk

SECTION 3: TO BE COMPLETED BY INTERNATIONAL STUDENT SUPPORT FOR APPLICATIONS BY OVERSEAS STUDENTS ONLY

Is a new ATAS application required?

 Yes NoIf Yes: Is ATAS required immediately?

Or, as part of a new Tier 4 visa application?

Is the proposed LOA compatible with UK immigration policy?

 Yes No

Does this Leave of Absence require reporting to the Home Office?

 Yes No**SECTION 4: TO BE COMPLETED BY RESEARCH SERVICES**

Most recent CAS course end-date (DDMMYY)

Number of months LOA or Extension previously approved

LOA

Ext

Is this LOA request approved by the Faculty?

 Yes No

Notes: (please record any amendments, notes or comments here):

Does this need reporting to the SLC?

 Yes No**Signed on behalf of the Faculty by:**

Name:

Signature:

Date:

Revised end date for payment of tuition fees:

DD

MM

YYYY

Revised time limit for submitting the thesis:

DD

MM

YYYY