Application for Leave of Absence
Postgraduate Research Students
This form should be used to request an absence from your course. Absences of four weeks or under will be considered an authorised absence. Absences over four weeks will be considered a leave of absence. For further guidance see:
www.shef.ac.uk/rs/code/loa

SECTION 1: TO BE COMPLETED BY THE STUDENT

<table>
<thead>
<tr>
<th>Family Name</th>
<th>First Name</th>
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<table>
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<tr>
<th>Registration Number</th>
<th>Department</th>
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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/1FAIpQLSfsqK3w3EgN4KsiP7rtiG3i_kmDivjwI7V5ahH0TvMjHcR_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

<table>
<thead>
<tr>
<th>Are you funded by a Doctoral Loan?</th>
<th>☐ Yes  ☐ No</th>
<th>Are you funded by a Research Council scholarship? (if yes, provide details)</th>
<th>☐ Yes  ☐ No</th>
</tr>
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<tbody>
<tr>
<td>Registration start date (DD/MM/YY):</td>
<td>Current time limit (DD/MM/YY):</td>
<td>Date your absence will start (DD/MM/YY):</td>
<td>Date your absence will end (DD/MM/YY):</td>
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**Notes:** Absences of four weeks (28 days) or under 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.

Reason for the absence request - please tick at least one box

- Medical ☐ (medical evidence must be provided)
- Personal ☐
- Parental ☐
- Academic ☐
- Financial ☐

- Expected due date:

**Supporting statement (compulsory).** 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:
### 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 your Departmental PGR Administrator who will forward them to RS.

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 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

- 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 □ Yes □ Ext
- Number of months Extension previously approved
- Number of months LOA or Extension previously approved
- LOA □ Yes □ Ext

- Is this LOA request approved by the Faculty? □ Yes □ No
- Does this need reporting to the SLC? □ 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: DD MM YYYY 

Time limit for submitting the thesis: DD MM YYYY