

Application for AUTHORISED ABSENCE



PART A: To be completed by the student

Surname (Family Name) [Click here to enter text.](#)

Forename(s) [Click here to enter text.](#)

Title [Choose an item.](#)

Student ID Number [Click here to enter text.](#)

School/Department [Choose an item.](#)

Degree/Mode of Study (eg PhD, FT) [Choose an item.](#)

Date of entry into this programme of study

[Click here to enter text.](#)

Name(s) of Supervisor(s) [Click here to enter text.](#)

1. **Have you taken a previous Authorised Absence?** Yes No

If yes, please give details, including dates and brief reasons (i.e. medical, financial, etc)

[Click here to enter text.](#)

2. Dates of new Authorised Absence requested

From: [Click here to enter a date.](#)

To: [Click here to enter a date.](#)

3. Reasons for requesting a Leave of Absence

- Medical
- Financial
- Compassionate/bereavement
- Competitive Sports
- Personal
- Major unforeseen disruption (N.B. This includes COVID19 related cases)

Other (state reason) [Click here to enter text.](#)

4. Please state your reasons for requesting an Authorised Leave (max 500 words)

[Click here to enter text.](#)

For retrospective requests please state why you were unable to apply at the appropriate time.

5. Supporting evidence attached (e.g. medical certificate, financial evidence)?

Yes No

You should be aware that these documents may be made available to the University assessment panels and annual review boards.

If you are unable to provide supporting evidence, please explain why:

[Click here to enter text.](#)

6. International postgraduate students

If you are on a Student visa **your right to remain in the UK will be affected by a temporary withdrawal from study (Intermitting)**. During a period of Authorised Absence your student registration status changes and to meet the conditions of the University's Sponsor License, we are required to report any changes in registration status to the Home Office.

You are strongly advised to discuss your leave of absence request with the Assistant Registrar- Admissions & Visa Compliance before submitting your request, so you can be informed of the actual implications to your visa. You can contact the Assistant Registrar on 01285 889912 ext. 2211 or by e-mail at: visas@rau.ac.uk Should you decide not to take immigration advice from the University's Registry Office, please be advised that you do so at your own risk.

6.1 Do you currently hold a UK Visa?

Yes No

If yes, please indicate the type of visa you hold (i.e. Tier 4, Dependant):

6.2 Visa Expiry Date: [Click here to enter a date.](#)

6.3 Do you currently hold Indefinite Leave of Remain(ILR) of Refugee status

Yes No

6.4 Are you currently in the UK?

Yes No

Only answer question 6.5 if you are taking a leave of absence for maternity or if you are taking a medical leave of absence for 8 weeks or less

6.5 Are you planning to remain in the UK during your Leave of Absence

Yes No

Please attach a photocopy of your current passport photo page and visa. If you extended your visa in the UK you will have a pink biometric residence permit – please submit a copy of both sides of this card. Your extension request will not be processed unless these supporting documents are received.

Passport copy attached

Share code/BRP(if applicable)

7. Do you live in RAU campus accommodation?

Yes

No

8. Contact address

It is your responsibility to ensure that you keep the University updated with your address details. To update these login to the student portal and update your profile contact details. Please confirm where you are currently residing (address, post code, telephone number):

Address [Click here to enter text.](#)

From (date) [Click here to enter a date.](#)

To (date) [Click here to enter a date.](#)

9. E-mail address

Please confirm the e-mail address you wish the outcome of your request to be sent to:

[Click here to enter text.](#)

10. Declaration

I understand the implications of taking a leave of absence from my studies and that it is my responsibility to notify the Registry Administration team of my wish to return to my study at the end of the leave of absence requested on this form.

Signed:

Date:

PART B: TO BE COMPLETED BY PROGRAMME MANAGER/SUPERVISOR

Approved: YES NO

Date: _____

Signature: _____

NAME OF PROGRAMME MANAGER/SUPERVISOR:

RECEIVED BY REGISTRY: _____ DATE: _____