



Leave of Absence Request Form- Taught Students

IMPORTANT: Request for Leave of Absence is a proactive student support process to enable you to take leave from the programme. It is a formal university process that requires you to disclose relevant information and provide sufficient evidence to support their request. The request requires the formal approval by the Board of Studies and is scrutinised by HYMS based on the evidence you submitted.

The Student Support Office/Postgraduate (PG) Office is responsible for coordinating the entire process and providing you guidance on every step of the process. Any confidential information will be handled sensitively and stored appropriately by HYMS. (student.support@hyms.ac.uk)

1. Report of the Case (Completed by Student Support Office)	
Route of case referral	<input type="checkbox"/> Case Management Group <input type="checkbox"/> Fitness to Practise Committee <input type="checkbox"/> HYMS Staff, please specify: <input type="checkbox"/> Student <input type="checkbox"/> Occupational Health Advice/Report <input type="checkbox"/> Other, please specify:
Date of case referral	
Student guidance offered	<input type="checkbox"/> I confirm that the student has been given guidance to complete this form.
Date of the form sent to the student	
Staff name	

2. Student Details (completed by the student)	
Full name	
University of registration	
Programme registered	
Year of Study	
Contact Details (Address, telephone and email)	
Are you receiving funding (e.g. scholarship, student loan) ?	Yes/No (please delete). If yes, please provide details:

Are you a Tier 4 Visa student?	Yes/No (please delete). If yes, please complete sections 7 and 8 of this form.
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3. Period of Leave of Absence requested (completed by the student)	
Start Date (DD/MM/YY)	
End Date (DD/MM/YY)	
<i>If you are uncertain about the exact dates please contact the Student Support office or PG office</i>	

4. Period of Leave of Absence requested (completed by the student)
Indicate by 'x' to confirm the grounds of your request. Request without clear grounds and sufficient evidence will not be considered.
<input type="checkbox"/> Medical (evidence from student's doctor and/ or Occupational Health report requested by HYMS) <input type="checkbox"/> Compassionate (independent third party evidence e.g. counsellor, Open Door team or Student Wellbeing Office at Hull) <input type="checkbox"/> Academic (evidence from Programme Directors or Academic Leads) <input type="checkbox"/> Maternity/ Paternity/ Adoption leave (evidence of Pregnancy, MAT B1 Form etc) <input type="checkbox"/> Finance/ Legal (evidence of finance or legal requirements)

5. Evidence Provided to support the request (completed by the student)					
Refer to the grounds you selected above, please list each piece of evidence you have provided below to support the request. If you cannot submit certain evidence due to delays (by yourself or any authorities, you should provide reasons for delays and anticipated date by which the outstanding evidence is ready)					
Signature		Name		Date	

6. Reasons for the request (completed by student)
Please provide detailed reasons to support the request. You should be reassured that any confidential information disclosed is handled sensitively and stored appropriately by HYMS. Evidence to support the request must be attached to the form.

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7. Travel Plans including flight details (completed by Tier 4 Visa students only)	
Outbound	
Inbound	

8. Immigration Advice (completed by the Immigration Office for Tier 4 Visa students only)					
Immigration Advisor's signature		Name		Date	

9. Student Declaration (completed by the student)			
<p>I declare that the information I provided in support of this request is accurate and complete to the best of my knowledge and belief and does not contravene any Codes of Practice of Hull York Medical School or of the parent universities.</p>			
Student's signature		Date	

You should now send the completed form and supporting evidence to Student Support Office (student.support@hyms.ac.uk) for MB BS students or the Postgraduate Office (postgraduate@hyms.ac.uk) for postgraduate taught students.

10. Checking by Student Support / PG Office (Completed by Student Support Office / PG Office)	
Date of form received by student	
Form completed?	Yes/ No
Sufficient evidence provided?	Yes/ No
Staff Name	

11. Conditions for return (completed by Student Support Office for MBBS / PG Office)	
Student Support Office/PG Office leads and coordinates internal discussions with relevant staff to ensure appropriate requirements for student's return, with the prospect of successful completion of the programme.	
Members of Staff consulted (list all names)	
CONDITIONS FOR RETURN	
Confirmed LOA start date	/ /
Confirmed LOA return date	/ /
Year of Study returning to after leave of absence	
Revised end date of programme	/ /
Academic conditions (including proposed plan of study, pre-sessional work, refresher period, repeated course/ module, assessment and examination requirements)	
Medical Conditions (e.g. deadline and specific requirements of satisfactory Occupational Health report)	
Pastoral Conditions (specific pastoral arrangements required pre-return and post-return)	

12. Previous periods of leave of absence
Please give dates and details of any previous period of leave of absence

Start date:	Start date:	Start date:
Start date:	Start date:	Start date:
Start date:	Start date:	Start date:

13. Checking and recommendation by the Director of Student Support /Chair of the Postgraduate Programmes Board

I have checked and reviewed the information provided by the Student Support Office/PG Office and evidence provided by the student. I am satisfied that the request is properly supported by sufficient evidence. I therefore recommend the Board of Studies to approve the student's request for leave of absence.

Notes (only if applicable)

Signature		Name		Date	
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14. Approval by the Chair of the Board of Studies

I have reviewed the request and confirmed that due process has been followed in the consideration of the student's request for leave of absence. I therefore approve the request on behalf of the Board of Studies.

Notes (only if applicable)

Signature		Name		Date	
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OFFICE USE ONLY

Date approved by Board of Studies	
Date sent to Student Support Office / PG Office to notify student, relevant staff in HYMS, Hull and York	