



The University Of Sheffield.

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.shef.ac.uk/ssid/change-of-status/leave
Staff: www.shef.ac.uk/sas/rsr/cos/loa

Student Details

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

Registration Number
Please enter all 9 digits

If you have a tier 4 visa, please tell us where you will be living during your leave. Forms cannot be processed without this information.

Family Name
Please print

First Name(s)

Are you studying in the UK with a visa? Yes No

Period of Leave of Absence

Date the student stopped attending or engaging with their programme of study*.

/ /

Enter dates as
Day/Month/Year

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)

If leave is on medical grounds, a medical certificate must be submitted with the form.

(This does not apply to students in the Faculty of Medicine, Dentistry and Health, who are 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 / /

ACADEMIC ADVISER

Date / /

DEPARTMENTAL APPROVAL

Date / /

DEPARTMENTAL APPROVAL

Date / /

HOME DEPARTMENT NAME

DUAL DEPARTMENT NAME (IF APPLICABLE)

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

Notes: (attach additional sheets or documents 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 Services Staff to complete

ISS Team

Date / /

Faculty Approval

Date / /

Record updated

Date / /

Record checked

Notified: Dept Student Sponsor NHS Events Team PGT checklist completed