



HULL YORK MEDICAL SCHOOL

LEAVE OF ABSENCE REQUEST FORM (RESEARCH 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 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.

All boxes will expand when you type.

Section 1: Report of the case (completed by Postgraduate Office)	
Route of case referral (please indicate by 'x')	<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 this form sent to the student	
Staff name	

Section 2: Student Details (completed by the student)	
Full name	
University of registration	
Programme registered	
Programme start date	
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.

Section 3: Period of Leave of Absence requested (completed by the student)

LOA Start Date
(DD/MM/YY)

Return Date
(DD/MM/YY)

If you are uncertain about the exact dates, please contact the PG Office.

Section 4: Grounds and evidence for the request (completed by student)

Indicate by 'x' to confirm the grounds of your request. Request without clear grounds and sufficient evidence will not be considered.

- Medical (evidence from student's doctor and/or Occupational Health reported requested by HYMS)
- Compassionate (independent third party evidence, e.g. a counsellor, Open Door Team at York or Student Well-being Office at Hull)
- Academic (evidence from supervisors)
- Maternity/Paternity/Adoption Leave (evidence of pregnancy, MAT B1 Form, etc.)
- Finance / Legal (evidence of finance or legal requirements)

Section 5: Evidence provided to support the request (completed by 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)

Section 6: Reason 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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Section 7: Travel Plans including flight details (completed by Tier 4 Visa student only)	
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Outbound:	
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Inbound:	
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Please submit this form to the Immigration Office of your University of registration to seek formal immigration advice regarding the impact of the leave of absence on your Tier 4 student visa.

Section 8: Immigration Advice (completed by the Immigration Office for Tier 4 Visa student only)			
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Signature of Immigration Advisor (please type your full name in the signature box for electronic submission)		Name	
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Date	
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Section 9: Student Declaration (completed by student)	
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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.

Student's Signature (please type your full name in the signature box for electronic submission)	
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Date	
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You should now submit the completed form and supporting evidence to the Postgraduate Office (postgraduate@hyms.ac.uk)

Section 10: Checking by PG Office (completed by PG Office)

Date of form received from the student	
Form completed?	Yes / No
Sufficient evidence provided?	Yes / No
Staff name	

Section 11: Previous periods of leave of absence (completed by PG Office)

Please give dates and details of any previous period of leave of absence

Start date:	End date:	Details:
Start date:	End date:	Details:
Start date:	End date:	Details:

Section 12: Conditions for return (completed by the Supervisor)

The Thesis Supervisor 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, assessment and examination requirements)	
Medical conditions (e.g. deadline and specific requirements of satisfactory Occupational Health/GP report)	

Pastoral conditions (specific pastoral arrangements required pre-return and post-return)	
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Section 13: Principal Supervisor's supporting statement and declaration			
Statement of support from the supervisor:			
I confirm that I reviewed the student's request and the supporting evidence submitted. I have also discussed the request with other TAP members. In my professional opinion, I have provided the above recommendation to the PG Programme Board.			
Signature of Principal Supervisor (please type your full name in the signature box for electronic submission)		Name	
Date			

Section 14: Checking and recommendation by the Chair of Postgraduate Programme Board			
I have checked and reviewed the information provided by the 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 (please type your full name in the signature box for electronic submission)		Name	
Date			

Section 15: Approval by 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
(please type your full name in
the signature box for electronic
submission)

Name

Date

OFFICE USE

Date approved by Board of Studies

Date sent to Student Support Office / PG Office to
notify student, relevant staff in HYMS, Hull and York