

LEAVE OF ABSENCE APPLICATION FORM

This form is used to apply to postpone a full year of study

Student Name: _____ Student I.D. _____

Programme Title (course): _____

Mobile/Phone: _____ Email: _____

Address for Correspondence: _____

Details of Leave of Absence:

Stage you wish to postpone: 1st Yr 2nd Yr 3rd Yr 4th Yr Post Graduate 6th Yr

Academic Year you wish postpone (e.g. 2016/17): _____

Date you intend to return to study (e.g. September 2017) _____

Reason for leave of Absence: Please tick all that apply

Financial Reasons

Personal Reasons

Health Reasons

Career Opportunities

Other (please specify) _____

I wish to postpone a FULL year of study and return to IADT to resume my studies in the next academic year

Student Signature: _____ Date: _____

Students: you must complete and return this form to your Faculty Administrator for processing. Attach a letter addressed to the Registrar outlining your reasons for seeking this leave of absence along with any supporting documentation such as medical certificates.

PLEASE NOTE: Applications should be submitted by **30th April** for leave of absences sought for the following academic year. In exceptional cases the Institute will consider applications applied for during the year of study. Applications must be received by 31st March. Where leave is taken during a year of study, absence on grounds other than serious ill health will result in the student paying an additional Student Contribution and Tuition fees.

OFFICE USE ONLY:

Course Co-Ordinator:

I support this student's application for leave of absence

I do not support this student's application for leave of absence

Please outline reason for refusal:

Signed by Co-Ordinator: _____ **Date:** _____

Head of Department/Head of Faculty:

I support this student's application for leave of absence

I do not support this student's application for leave of absence

Please outline reason for refusal:

Signed by HoD/HoF: _____ **Date:** _____

Registrar:

I support this student's application for leave of absence

I do not support this student's application for leave of absence

Please outline reason for refusal:

Signed by Registrar: _____ **Date:** _____

Comments: