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| College of Medicine and Veterinary Medicine | **LEAVE OF ABSENCE REQUEST FORM** | Date Received by College Office: |

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| With the exception of Online Distance Learning students, postgraduate students may apply for leave to study away from their normal (term time) residence to continue their studies for temporary periods at a more remote location. Authorisation may be given by college provided that such a temporary move does not conflict with any other requirement of the student’s programme of study, including any obligations to be physically available for on-campus activity. | | | | | | | | | |
| **The amount of leave of absence requires College approval.Please ensure all completed documentation is signed by your Principal Supervisor/Programme Director then sent to the Postgraduate Adviser for approval and then final approval is made by sending to:** College of Medicine & Veterinary Medicine, University of Edinburgh, The Chancellor's Building, 49 Little France Crescent, EDINBURGH EH16 4SB, [mvmpg@ed.ac.uk](mailto:mvmpg@ed.ac.uk)  Supporting information (such as letters from supervisors, letters from employers) should be attached as appropriate. | | | | | | | | | |
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| School Name: |  | | | | Tier 4 (Y or N) | | |  | | |
| Students’ Name: |  | | | | UUN: | | |  | | |
| Programme of Study: |  | | | | Qualification Sought: | | |  | | |
| Programme Start Date: |  | DATES OF LEAVE REQUESTED (Whole months only, start at 1st of the month) | | | | | | | | |
| Programme End Date: |  | Start Date |  | End Date | |  | Total Months | |  | |
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| **REASONS FOR LEAVE OF ABSENCE** (space will expand with text) | | | | | | | | | | |
| Please detail the justification for the Leave of Absence. Cases must include: (1) an explanation of the reasons for the absence including details of any collaborating institution, (2) details of the student’s work completed to date, and (3) a timetable to completion, including interim deadlines. Supporting information (such as letters from supervisors, letters from employers) should be attached as appropriate: | | | | | | | | | | |

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| **REASONS FOR LEAVE OF ABSENCE cont.** | | | |
| Please provide a brief explanation as to what, specifically, the student will be doing during their absence that necessitates them being there and not at their place of study. | | | |
| Student Signature: |  | Date: |  |
| Principal Supervisor (PGR) or Prog Director (PGT) Signature: |  | Date: |  |
| School Postgraduate Adviser Signature: |  | Date: |  |

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| **Authorisation from Postgraduate Office** | | |  |  |  |
| Signed: |  | Name: |  | Date: |  |