

Application for Leave of Absence

Academic Year 2016/2017

Please note:

A Leave of Absence may be granted to students who have already completed and availed of the R32 or R33 process in the previous academic session [Ref: DCU M&S 5.1.4], or who are about to enter their final permitted year of registration and have documentation to support that they have:

- serious ongoing/medium term medical problems
- serious ongoing/medium term documented personal issues (mental health, family situation,....)
- serious medium term work commitments (relocation of self or partner)

If successful in your application please note that the curriculum of your course may be amended and the same modules may not necessarily be on offer when you return to your studies. Once a leave of absence has been granted for an academic session it cannot be revoked. **Deadline for submission:** 21st October 2016.

Student Details:

Name: _____ ID Number: _____

Programme: _____

Stages completed: Year 1 _____ Year 2 _____ Year 3 _____ Year 4 _____ Other _____

Previous Deferral granted: Deferral of Academic year? Yes: No:

Deferral of Examinations? Yes: No:

Please state, briefly, your reason for requesting Leave of Absence (**Please ensure all documentary evidence to support application is attached**):

Are you in receipt of a grant from a local authority: Yes: No:

If Yes, please name your local authority: _____

Students: Please note if you are in receipt of a **Grant**, it is your responsibility to contact your local authority to advise them that you have been granted a leave of absence for the Academic Year.

I hereby request a leave of absence from the above programme until:

Expected Date of Return: _____ academic year.

Signed: _____

Date: _____



Chairperson of the Programme Board

On behalf of the _____
 Programme Board, I confirm that the above-mentioned student has been given permission for a
 Leave of Absence for academic year 2016/2017 and to return to the University as outlined above.

Signed: _____

Date: _____

Chairperson of Programme Board

Associate Dean for Teaching and Learning

I confirm that the above-mentioned student has been given permission for a Leave of Absence for
 academic year 2016/2017 and to return to the University as outlined above.

Signed: _____

Date: _____

Associate Dean for Teaching and Learning

Leave of Absence requests for **Non-EU** students are to be signed by the International
 Office before being submitted to the Registry:

International Office Signature: _____

International Office Date Stamp

 Please return the completed form to:

**Student Enrolment,
 Registry,
 Dublin City University,
 Dublin 9**

Deadline for submission: 21st October 2016.