Application for Leave of Absence  
Academic Year 2019/2020

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:** 18th October 2019.

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 2019/2020 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 2019/2020 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: 18th October 2019.

Data Protection Notice: Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the DCU Data Protection Policy, which can be viewed at the following website address: https://www.dcu.ie/sites/default/files/policy/25_-_data_privacy_policy_v3.pdf