

HULL YORK MEDICAL SCHOOL

LEAVE OF ABSENCE REQUEST FORM (POSTGRADUATE TAUGHT STUDENTS)

PLEASE READ: Request for Leave of Absence is a proactive student support process to enable you to take leave from the programme. It is a formal process underpinned by the HYMS [Policy on Leave of Absence](#) that requires you to disclose relevant information and provide sufficient evidence to support the 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 the Medical School.

IMPORTANT: CHECKLIST		
Prior to submitting your leave of absence request form, please ensure you have completed all actions on the following checklist. Please initial each action to indicate you have completed it. NOTE: All actions must be completed for this form to be processed.		
No.	Action to be taken	Initial
1	Met with Programme Director, Personal Supervisor, or Student Support to agree Leave of Absence is the appropriate process (Section 1)	
2	Read the <u>Leave of Absence Guidance (Taught Programmes)</u> and <u>Leave of Absence Policy</u>	
3	Agreed a start and end date for the period of leave with Programme Director and/or Personal Supervisor (Section 3)	
4	Provided full and detailed reasoning for leave of absence request (Section 6)	
5	Completed all sections of the form relevant to you (Section 2 to 10)	
6	Collate evidence ready for attachment (certificates/letters etc.) *	
<i>* If it is not possible to attach evidence at this time, please describe the reason why and provide details of the date your evidence will be submitted by:</i>		

Please open this form in Desktop App or download to complete, all boxes will expand when you type.

Section 1: Report of the request (completed by Student Support Office/Programme Director/Personal Supervisor)	
Route of case referral (Please indicate by 'x')	<input type="checkbox"/> Case Management Group <input type="checkbox"/> Fitness to Practise Committee <input type="checkbox"/> HYMS Staff, please specify: <input type="checkbox"/> Student <input type="checkbox"/> Occupational Health Advice/Report <input type="checkbox"/> Other, please specify:

Staff name	
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	
Date of meeting	
Summary of meeting with student:	

Section 2: Student Details (completed by the student)	
Full name	
University of registration	
Programme registered	
Programme start date	
Year of study (joined programme)	
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)	
Note: these dates should be agreed with your Programme Director and/or Personal Supervisor. For support with this, please contact postgraduate@hyms.ac.uk .	
LOA start Date (DD/MM/YY)	
Return Date (DD/MM/YY)	

Section 4: Grounds for the request (completed by student)
Indicate by 'x' to confirm the grounds of your request. Note: Requests 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 Programme Directors or Academic Leads)**
- 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 use the box provided to 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, please provide reasons for delays and anticipated date by which the outstanding evidence is ready).

Please refer to the **Leave of Absence Guidance (Taught Programmes)** and **Leave of Absence Policy** for a list of appropriate forms of evidence based on your request.

Section 6: Reason for the request (completed by student)

Please use the box below to provide reasons to support your request. Your request will be considered by HYMS Board of Studies, therefore, please ensure you provide as many details as possible (e.g., key dates and events, general impact on studies and personal wellbeing etc.).

Note: Any confidential information disclosed will be handled sensitively and stored appropriately by HYMS. Evidence to support the request must be attached to the form.

If registered as a Home Student, please go to SECTION 9. If Student Visa Holder, complete SECTIONS 7 and 8.

Section 7: Travel Plans including flight details (completed by Student Visa Holder students only)

Outbound:

Inbound:

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 Student Visa Holder students only)			
Signature of Immigration Advisor (Please type your full name in the signature box for electronic submission)		Name	
Date			

Section 9: Alternative Contact Details Whilst on Leave of Absence (completed by student)	
<p>As stated in the <u>Leave of Absence Guidance for Students (link to be added)</u> and <u>Leave of Absence Policy</u>, your HYMS email account will remain your primary contact and you should continue to monitor this if you are granted leave.</p> <p>In the event we are unable to reach you, we may contact you via your personal contact information stored by your University of registration. If you would like to provide alternative contact details to ensure we are able to contact you during your period of leave, please complete this section.</p> <p>Note: this contact information will be stored securely and will only be used in exceptional circumstances.</p>	
Email	
Phone Number	

Section 10: Student Declaration (completed by student)	
<p>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 University of Hull and University of York.</p>	
Student's Signature (Please type your full name in the signature box for electronic submission)	
Date	

You should now send the completed form and supporting evidence to the Postgraduate Office (postgraduate@hyms.ac.uk) for postgraduate taught students.

----- FOR OFFICE USE ONLY -----

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:
Total Leave of Absence taken so far:		

Section 12: Checking by Student Support Office/PG Office (completed by PG Office)	
Date of form received from the student	
All relevant sections of form completed?	Yes / No
Sufficient evidence provided?	Yes / No
Description of evidence provided	
Staff name	

Section 13: Conditions for return and return to study support plan (completed by PG Office and Programme Director)	
Members of staff consulted (list all names)	
Confirmed LOA start date (DD/MM/YY)	
Confirmed LOA return date (DD/MM/YY)	
Year/Term of study returning to after leave of absence	
Revised end date of programme (DD/MM/YY)	
CONDITIONS FOR RETURN	
This section details conditions the student must meet in order to return to study at the end of the leave of absence period.	
Academic conditions (e.g., return to studies meeting)	(To be completed Programme Director)

Medical conditions (e.g., letter from medical provider, satisfactory Occupational Health report)	(Details to be entered here if appropriate of what supporting evidence student needs to provide, to return to studies)
Pastoral conditions (Specific pastoral arrangements required pre-return and post-return)	(To be completed by Student Support)
RETURN TO STUDY This section details the students' academic record to date, the modules and/or assessments due for completion upon return from LOA, and the measures in place to support the student.	
Academic Record to Date (i.e., modules and assessments completed so far – relevant contextual information (e.g., MECs) should be provided)	(To be completed Programme Director)
Academic Requirements upon Return from LOA (i.e., modules and assessments due to be completed, with relevant timescales and dates included)	(To be completed Programme Director)
Academic Support Plan (i.e., measures in place (e.g., regular meetings with programme director and/or personal supervisor) to ensure completion of activity detailed above)	(To be completed Programme Director)

Section 14: Checking and recommendation by the Chair of Postgraduate Programme Board	
I have checked and reviewed the information provided by the Student Support Office/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	
Name	
Date	

Section 15: Approval by the Board of Studies	
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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.	
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Notes (only if applicable):	
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Signature	
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Name	
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Date	
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OFFICE USE

Date sent to Board of Studies for approval.	
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Date approved by Board of Studies.	
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Date Student notified of outcome and relevant staff in HYMS, Hull and York informed.	
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Any other relevant or exceptional information.	
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