



**APPLICATION FOR ACADEMIC LEAVE  
FROM POSTGRADUATE STUDIES**

<b>SECTION 1 - To be completed by STUDENT</b>		
<b>STUDENT DETAILS</b>		
Name of Student:  Student Number:	University email address TUT4life  (The outcome of your application will be communicated to you via this email address)	
Name of Supervisor (s):	Faculty: Department:	
Qualification Name:	Qualification Code:	
<b>DETAILS OF PERSONAL EXTENUATING CIRCUMSTANCES: (please tick)</b>		
Medical <input type="checkbox"/>	Personal <input type="checkbox"/>	Other <input type="checkbox"/>
Proposed dates of interruption: A proposed date of return <b>must</b> be stated so that new Thesis/Dissertation submission date can be determined	From:	To:
Please provide as full an explanation as possible of the reasons for your request. Please be specific about the problem, be precise about how your studies have been affected and explain any delays in submitting this form. <b>Details</b>		
<i>Continue on separate sheet if necessary</i>		
<b>EVIDENCE:</b> (please <b>tick</b> and ensure that the evidence is submitted with your application. Note that applications submitted without any evidence will be unlikely to be successful)		
Medical Note <input type="checkbox"/>	Wellbeing Memo <input type="checkbox"/>	
Progress Report <input type="checkbox"/>	Other <input type="checkbox"/>	
<b>Have you consulted your supervisor (s)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed:	Date:	
<b>SECTION 2 – To be completed by the ACADEMIC SUPERVISOR</b>		
<b>Do you support this request</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide a statement outlining the reasons for your decision: <b>Details:</b>		

*Continue on separate sheet if necessary*

Signed:

Date:

**SECTION 3 - To be completed by the CHAIRPERSON OF THE DRC**

**Do you support this request**

Yes

No

Please provide a statement outlining the reasons for your decision:

**Details:**

*Continue on separate sheet if necessary*

Signed:

Date:

**SECTION 4 - To be completed by the CHAIRPERSON OF THE FCPS**

**Do you support this request**

Yes

No

*Continue on separate sheet if necessary*

Signed:

To be completed by the **DEAN OF THE FACULTY**

**Do you support this request**

Yes

No

*Continue on separate sheet if necessary*

Signed:

**GUIDANCE NOTES TO STUDENTS:**

- Academic leave from studies should not be more than 12 months.
- Retrospective (backdated) interruptions will not normally be considered unless there are exceptional circumstances and a compelling case.
- An interruption to registration may only be **granted by the FCPS on the recommendation of the DRC and the Supervisor, subject to strong justification supported by evidence.**
- Do not assume that your interruption application will be approved. **Until you are informed of the decision** you should continue with your studies as normal, where possible.
- Ensure that each section of the application form has been completed and evidence attached. Incomplete forms and those without evidence will be returned to your **department**, which will result in a delay to your application.
- Ensure that any additional sheets or documents are clearly marked with your name and student number and securely attached to your application.
- You will be informed of the outcome by e-mail so please check your **University e-mail account** regularly.