**Registry, Academic Services Application for a Leave of Absence**

for Degree Apprenticeship programmes

If you are considering temporarily withdrawing from the University, you will need to discuss the matter with your tutor/supervisor in your School or Department and your employer.

Before completing this form, you **must** read the Code of Practice on Leave of Absence Procedures (<https://intranet.birmingham.ac.uk/as/registry/legislation/codesofpractice/index.aspx>). After completing this form please return it to your School or Department for approval.

After approval, your School will submit your Leave of Absence form to Taught Student Administration in Registry (dastudentenquiries@contacts.bham.ac.uk) who will update your academic record. You will then receive email confirmation from Taught Student Administration confirming your temporary withdrawal.

It is your responsibility to notify the University when your leave of absence is due to expire to confirm your return and to submit any required medical evidence where Leave of Absence was agreed on medical grounds. Generally, this should be submitted six weeks in advance of the anticipated date of return.

If you wish to tell the University about a disability or long term health condition (including dyslexia or mental health conditions) and you haven’t already done so, please contact disability@bham.ac.uk

# Part A should be completed by the Apprentice

**PART A:**

|  |  |
| --- | --- |
| Name: | Student ID Number: |
| Programme of Study: | Year of Study: (e.g. year 3) |
| Email address: (for confirmation of status change): |

**Has a previous Leave of Absence been granted?** Yes/No (Please delete as appropriate) If yes, please give dates and reasons:

**Are you applying to extend an existing leave of absence? Yes/No**

If yes, please give new dates and reasons:

**Dates of New Leave of Absence requested**

From: To:

You must apply for a Leave of Absence at the time the situation arises that adversely impacts on your ability to study.

**Reasons for requesting a Leave of Absence**

Please refer to Section 4 (Categories of Voluntary Leave of Absence) of the Code of Practice on Leave of Absence Procedures (<https://intranet.birmingham.ac.uk/as/registry/legislation/codesofpractice/index.aspx>) and circle the appropriate category below:

Medical

Maternity

Paternity

Competitive Sports

Placement

Transfer of Degree Programme

Employment Commitments

Other (state reason) e.g. bereavement

Please provide a brief statement to support your request. You **must** give valid reasons and provide supporting evidence – please refer to Section 6 of the Code of Practice on Leave of Absence Procedures. (<https://intranet.birmingham.ac.uk/as/registry/legislation/codesofpractice/index.aspx>)

**Applications without appropriate supporting evidence will not be considered and will be returned.**

**Accommodation:**

**Are you currently living in University accommodation?**

YES/NO (delete as appropriate)

**Important notes regarding implications of a Leave of Absence:**

**Maximum Period of Registration:**

Whether any leave of absence you take will be counted as part of the maximum period of registration is dependent upon when you commenced study on your current programme.

Further information is available on the ‘Extend Maximum period of study’ web page. Please refer to the section entitled ‘When to Apply’ to check which Regulations are applicable to you: <https://intranet.birmingham.ac.uk/as/registry/studentrecords/services/extendmaxperiod.aspx>

**DECLARATION: I understand the implications of taking a leave of absence and that it is my responsibility to notify the University of my wish to return prior to the proposed date of return quoted on this form.**

**Signature:**

**Date:**

**Part B should be completed by the Programme Director:**

**PART B:**

## This application must have the full academic support of the School/Department.

**Evidence has been provided and is acceptable - this will be retained by the School (Please tick box)**

**The School has received approval from the apprentice’s employer (please tick box)**

**Evidence of last date of learner activity received, and this date matches the**

**LoA start date.**

**All boxes need to be ticked before the Leave of Absence can be approved. On behalf of the School/Department I hereby approve the Leave of Absence**

|  |
| --- |
| **Comments:** |
| **Signed:** | **Full name of Authorised Signatory:** |
| **Job Title:** | **Date:** |

**Please forward this form to Taught Student Administration within 5 working days of submission by the apprentice.**