

SOUTH EASTERN REGIONAL COLLEGE

PRIVACY NOTICE: Information gathered on this form will be processed within the provisions of the General Data Protection Regulations (GDPR) and used for the purpose of recording and managing leave of absence. The College is permitted to process personal data where there is a 'lawful basis' to do so. This processing is necessary for the performance of your contract. Your information may be shared with relevant College staff for the purpose of recording and managing leave of absence.

Further information on data protection and your rights are available on our website <https://www.serc.ac.uk/customer-privacy>

Leave of Absence Form (LOA1)

SECTION A: TO BE COMPLETED BY STUDENT

1 PERSONAL AND COURSE INFORMATION				
Name (in full):		Student No:		
Course Code:		Course Title:		
Year of Study:		Course Tutor:		
E-mail:				
2 REQUEST DETAILS				
Period of leave absence requested:	From		To	
Date of expected return:				
Request for Fees Suspension	Yes		No	
Reason for requesting leave of absence accompanied by evidence:				
Student Signature:			Date:	

This form should be submitted promptly to the Programme Coordinator once the issue has arisen.

SECTION B: TO BE COMPLETED BY PROGRAMME COORDINATOR

Please complete the details below in relation to the evidence presented.

RECOMMENDATION				
Leave of Absence approved:			Yes	No
State reasons for decision:				
Approved leave of absence period:		From	To	
LOA evidence forwarded to Finance (if Fees Suspension requested)		Yes / No	Date	
Conditions or requirements for return:				
Name of Programme Coordinator:				
Signature:			Date:	