

# 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:	