IN CONFIDENCE

NOTIFICATION OF ABSENCE FORM – request for leave of absence of a long term nature for any reason other than illness

You are advised to discuss your circumstances with your department before submitting this form.

* Information which you must complete

Student details

* Student Number 100 | * UG or PG | UG ◯ PG ◯

*Department | Please Select | 2nd Department (joint programmes) | Computer Science

*First name | *Family name

*Degree programme | Year of study

Absence request details

Note: Submission of this form does not automatically mean that an absence is acceptable; if the absence is deemed to be unacceptable it will be recorded as such.
If an absence is deemed as acceptable this does not constitute any grounds for appeal against the failure of assessment.

Period of absence (both dates inclusive) | *From | *Until

* I wish to request leave of absence because (maximum 325 characters)

I have contacted my course tutor(s)/ leader(s) Yes ◯ No ◯

I have contacted my personal adviser Yes ◯ No ◯

If yes give name(s)

As a result of my absence I will miss the following class(es)** and/or the following assessment(s) will be affected.

Date	Course code	**Class(es) missed and/or assessment(s) affected	Course title/topic/details	Course Tutor(s)/ leaders(s)
		Please select		
		Please select		
		Please select		
		Please select		
		Please select		
		Please select		
		Please select		
		Please select		
		Please select		
		Please select		

***A **class** is any learning and teaching session such as lectures, seminars, tutorials, workshops, field work, laboratories etc.*

I confirm that the information provided on this form is to the best of my knowledge honest and accurate and that I have read and understood my responsibilities relating to this notification of absence. I understand that leave of absence may not be granted and if my absence is deemed unacceptable it will be recorded as such.

*Signed | *Date

This information will be held by RHUL and processed by staff in the departments/schools in order to keep a record of student absences.

For Departmental use only:

I confirm that I have discussed this request for leave of absence with the student:

Signed | Date

Date received

Absence deemed acceptable ☐ | Absence deemed unacceptable ☐

Email confirmation of outcome sent ☐ | Interruption advised ☐

Other