



Leave of Absence

- ✓ Make an appointment to see a member of Student Services
- ✓ Complete the application to the best of your knowledge before signing the application.
- ✓ If you are returning home you must provide a copy of your flight ticket home attached to this form
- ✓ Documentation confirming the reasons for taking a leave of absence from either a parent(s), or qualified practitioner, e.g. a doctor, must be attached to this application

Student Details

Title	ICP Student ID	Given name	Family Name
Details of absence request (<i>include dates you will be absent from the UK</i>)			
Date from		Date to	
Reason			
Modules you will be absent from			
Module Code		Module Title	
Module Code		Module Title	
Module Code		Module Title	
Module Code		Module Title	
Will you be missing any assessments?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes please specify:			

Student Checklist

Have you attached the supporting documentary evidence?	<input type="checkbox"/> Yes
Have you attached a copy of your flight ticket?	<input type="checkbox"/> Yes

Conditions of a Request for Leave of Absence

Whilst on a leave of absence, it is the student's responsibility to inform ICP of any changes to their plans. ICP must authorise any extension of a leave, before a student makes arrangements.



Student Declaration

I understand that a leave of absence will only be granted on medical, compassionate, or other reasons that would seriously affect my ability to study.

Whilst on a leave of absence, it is the student's responsibility to inform ICP of any changes to their address or plans.

Student Signature	Date

For Office Use Only

Signature of Approval by member of CLTB	Date:

Has the student's lecturers been contacted?	<input type="checkbox"/> Yes	
Have the dates been diarised in the SS calendar?	<input type="checkbox"/> Yes	
Have we provided a travel letter if applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
Have any missing assessments been rearranged?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

Any other Comments *(please use the space below)*

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Signature of completion by a member of Student Services	Date: