Leave of Absence Request Form

We strongly recommend that you read the [**Leave of Absence Policy**](https://www.collegalpractice.com/policies/policies-and-procedures) in full before applying for a Leave of Absence.

If you do wish to apply for a Leave of Absence, you should complete this form in full and return it, **with accompanying evidence**, to the Student Services Team at [studentsupport@collegalpractice.com](mailto:studentsupport@collegalpractice.com).

For assistance in completing the form, or understanding the Leave of Absence process, please contact the Student Services Team by email or by phone (020 3884 4112).

We recognise that a Leave of Absence can disrupt your professional and educational goals, so we will always aim for students to complete their programme within the timeline they signed up for at enrolment. We therefore strongly recommend that before applying for a Leave of Absence, you explore whether a short-term extension or assessment deferral through the Exceptional Circumstances Policy would be appropriate.

# Your Information [TO BE COMPLETED BY STUDENT]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Information required** | Student to complete | | Your full name |  | | Your COLPASS (Student ID) | Click or tap here to enter text. | | Programme or Module you are enrolled on currently | Click or tap here to enter text. | | Contact email address | Click or tap here to enter text. | | Contact telephone number | Click or tap here to enter text. | |  |

# Leave of Absence Details [TO BE COMPLETED BY STUDENT]

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Information required** | Student to complete | | Length of LOA requested  *You must resume studies within a maximum 12 months from approval* | Click or tap here to enter text. | | LOA start date  *This is the date at which you stopped engaging with studies, and should be tied to the evidence you provide. For example, the date you were admitted to hospital.* | Click or tap here to enter text. | | LOA end date  *This is the date that you intend to return to study.* | Click or tap here to enter text. | | Programme or Module you wish to return to  *Please be clear if you are requesting a change in your mode of study when you return (for example, moving from full-time to part-time study).* | Click or tap here to enter text. | | Reason for LOA request  *Please outline, in as much detail as possible, the reasons you are applying for a LOA. Please refer to the LOA Policy to understand reasons for a LOA being granted.* | Click or tap here to enter text. | | Evidence provided    *Please specify the evidence you have provided in support of your LOA application.*  *If you are unable to provide independent third-party evidence, you should submit a statement with this form detailing the reasons you are requesting a LOA.* | Click or tap here to enter text. | |  |
|  |  |

# Declaration [TO BE COMPLETED BY STUDENT]

Please complete the tick boxes below and add your name in place of a signature (there is no need to print and scan this form- an electronic signature is acceptable).

After completing this form, email it to Student Services ([studentsupport@collegalpractice.com](mailto:studentsupport@collegalpractice.com)) who will arrange for a meeting with the Student Services Manager or a Programme Leader.

|  |  |
| --- | --- |
| I confirm that the information above is true and accurate.  I confirm that I am submitting accompanying evidence with my LOA application.  I confirm that the I understand that it is my responsibility to cancel and re-arrange any SQE assessments booked via the SRA.  I confirm that I understand that, if I am receiving a postgraduate loan from Student Finance, my payments will be postponed until I resume study, and that it is my responsibility to liaise with Student Finance about payment dates.  I confirm that I have read and understood the Leave of Absence Policy and Procedure. | |
| Student name | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

# Staff Statement [TO BE COMPLETED BY COLP STAFF]

|  |  |
| --- | --- |
| Name and Role | Click or tap here to enter text. |
| Date of meeting with student | Click or tap to enter a date. |
| Areas discussed with student | Duration of leave of absence and expected return date  Module(s) the student will return to  If employer-funded, has this been discussed and agreed with the employer?  If receiving postgraduate loan, do they understand that loan entitlement will be affected?  Are there any access requirements for Canvas? E.g. for SQE?  Has student been advised to download any marked assessments, containing feedback, for their records?  Is the programme due for periodic review? This may change the module selection available.  Impact on SQE. |
| Any additional areas of discussion, considerations or support needs on return? | e.g. doctor’s note or medical assessment via Fitness to Study Policy on return to study.  Click or tap here to enter text. |
| LOA start date | *Specify if backdated in line with evidence*  Click or tap to enter a date. |
| LOA end date | Click or tap to enter a date. |
| Programme or Module to be taken upon resumption of studies | *What modules will be taken on return to studies and when? Any changes to module order?*  Click or tap here to enter text. |
| Date that 121 supervision will resume | *This should be in line with the date the LOA started, for example if a student leaves in week 5 of a module, their 121 supervision will resume in week 5 of the new intake.*  Click or tap to enter a date. |
| Staff Name | Click or tap here to enter text. |
| Signature | Click or tap here to enter text. |
| Date | Click or tap to enter a date. |

Once all sections are completed, a copy of the form should be emailed to the student as a PDF.