

**School of Nursing and Midwifery**

## **Application for Leave of Absence**

1. Leave of absence requests will only be granted in exceptional circumstances.
2. Leave of Absences are only permitted at the discretion of the School Board, on *bona fide* grounds of serious personal circumstances which can be verified independently.
3. The student must support their application with documentary evidence.
  - a. The School Board reserves the right to verify the stated grounds for leave of absence.
4. Leave of Absence requests will normally only be considered in context of a student who has passed or is likely to pass their exams.
5. Leave of Absence is granted for a period of one year
6. This form must first be returned to the **School of Nursing and Midwifery, NUI Galway**, and it will be forwarded to the Student Affairs Committee prior to School Board.
7. Students should continue study and preparation for their examinations pending notification. Students should not presume that any leave of absence has been granted until informed of the outcome of their application.

### **STATEMENT**

I:

<b>Full Name of Applicant (as per Registration)</b>	<b>Student ID Number</b>
<b>Address for Correspondence</b>	<b>Telephone Number</b>

hereby apply to the Student Affairs Committee for a Leave of Absence as follows:

<b>Programme</b>	<b>Year Programme was Commenced</b>	<b>Year of Programme (1<sup>st</sup>, 2<sup>nd</sup>, etc.)</b>	<b>Exam Session (Tri I or II)</b>	<b>Academic Year</b>





## Review of Application for Leave of Absence (For Office Use Only)

<b>Full Name of Applicant (as per Registration)</b>	<b>Student ID Number</b>

<b>Supporting Documentation Provided</b>	<b>Yes</b>	<b>No</b>

Please note Leave of Absences are only permitted at the discretion of the School Board, on *bona fide* grounds of serious personal circumstances which can be verified independently. Applications which fall outside of these guidelines will normally be refused.

**Recommendation of Programme Director/ Year Leader in light of above statement:**

<b>Recommend Grant of Leave of Absence</b>	<b>Yes</b>	<b>No</b>

Signature \_\_\_\_\_

**Recommendation of Allocations Officer**

<b>A placement vacancy will be available upon the student's return to the programme</b>	<b>Yes</b>	<b>No</b>

Signature \_\_\_\_\_

**If recommending a Leave of Absence please indicate when the student will now take this module(s). Please include the examination period and academic year in which the student is expected to take the module(s), for example, Autumn 2010 or Semester 2, Academic Year 2010/2011**

---



---