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# APPLICATION FOR LEAVE OF ABSENCE

STUDENTS SEEKING PERMISSION FOR LEAVE OF ABSENCE OF ONE WEEK OR LONGER MUST CONSULT THEIR COURSE LEADER AND OBTAIN THEIR APPROVAL (SIGNATURE) BELOW:

Please complete PART A and enter your name on PART B. Send the completed form to your tutor for signing and then it must be emailed to studentrecords@worc.ac.uk AT LEAST ONE WEEK before the leave is due to commence.

## **PART A**

NAME: ……………………………………………………………………………………………………..

YEAR: ……………………COURSE: ……………………………………………………………………

REASON FOR ABSENCE: …………………………….…………………………………………………

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DURATION OF ABSENCE: FROM: …………………………. TO: ……….……………………….…

## **COURSE LEADER**

NAME: ……………………………………………………………………………………………………..

SIGNATURE: …………………………………………………………………………….………………

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## **PART B**

Registry Services will return this to the student if he/she has not been seen personally.

NAME: ……………………………………………………………………………………………………

Your application for leave of absence from ………………… to ………………has/has not been approved.

SIGNATURE OF ASSISTANT REGISTRAR, STUDENT RECORDS: …………………………… DATE: ………….