

Authorised Absence Form

Tier 4 students



Form to be completed to request a period of absence up to 20 working days and submitted with supporting evidence.

Student Information (to be completed by student)	
Student Name:	
Student ID Number:	
School:	
Course:	

Authorised Absence Request				
Year of Study	Last day of attendance	Expected date of return	Address during Absence	Reason for requesting authorised absence

Total time absent	
-------------------	--

Signature (to be completed by student)	
<p><i>I confirm that the period of absence has been discussed and agreed between myself and the School (or employer if on a work placement).</i></p> <p><i>I understand that I will be required to provide supporting evidence of the reasons for my absence, with an official translation if the document is not in English. Examples of supporting evidence include, but are not limited to, hospital letters or death certificates.</i></p> <p><i>I understand that I will not be granted an extension to my visa as a result of this absence.</i></p> <p><i>I understand that authorised absence, if approved, is considered separately to the extenuating circumstances process.</i></p> <p><i>I understand that I will need to present myself, along with a form of identification, to the School Course Office the day after the agreed end date of authorised absence to protect my immigration status and registration at the University [not applicable to work placement students].</i></p> <p><i>I understand that should I fail to return by the date expected, the University reserves the right to initiate an interruption of study – the University will withdraw sponsorship, I will be reported to the Home Office and I will be required to leave the UK.</i></p>	
Student signature:	Date:
Employer details (for students on work placement):	

For official use only (to be completed by the relevant School)		
<p><i>I confirm that the dates of authorised absence provided by the student are accurate and that the School supports this request. I am satisfied that on their return the student will be able to resume their studies without having to repeat any previous period of study and complete their studies within the original intended course end date.</i></p>		
Name and position of the School official:	Signature:	Date:

Please note that the request for a period of authorised absence will only be approved if the relevant School is satisfied that you will not be missing critical elements of your course and that on your return you will be able to resume your studies without having to repeat any previous period of study.

Please ensure a scanned copy is sent to the Visa Compliance Team at visacompliance@city.ac.uk for final approval of this request.