**Authorised Absence Form**

**Sponsored Students**

Form to be completed to request a period of absence up to 28 calendar days and submitted with supporting evidence. Please include this completed confirmation with the Authorised Absence request e-form.

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| **For official use only (to be completed by the relevant School)** |
| **Last date of attendance:** | **Surname:** |
| **Expected return date:** | **Name:** |
| **Total time of absence:**  | **ID Number:** |
| *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.* |
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| Name: | Role:  | Signature: | Date: |