

U.S. FEDERAL STUDENT AID AT THE UNIVERSITY OF SOUTHAMPTON
STUDENT REQUEST FOR LEAVE OF ABSENCE

Student

Name:

Student ID:

Postgraduate research program:

Declaration

I hereby request a leave of absence from my studies, for a period of no more than 180 calendar days. This leave will start from the following date:

I expect to return from the leave on the following date:

The reason for my request is as follows:

Signed (must match the Student Name above):

Date:

For Office Use Only

Request received date:

Advisor making the determination:

Approved

Not Approved: [*Reason for non-approval:*]

Determination date: