**GS 080**

**University of Galway**

**Application Form for Leave of Absence (Research Graduate Students)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Student** |  | **Student ID** |  |
| **Student Email Address** |  | **Name of Programme** |  |
| **Student Contact Number** |  | **Year of Programme** |  |
| **Are you in receipt of funding?** | Yes  No  | If **yes**, please state funding source(s) |  |
| **Signature of Applicant (Student)** |  |

 ***Leave of Absence will not normally be granted for any period longer than one year and must be more than one month***

|  |  |  |
| --- | --- | --- |
| **Which Academic Year does this apply to?** (e.g. 2010/11) | **Start Date of Leave of Absence** | **End Date of Leave of Absence** |
|  |  |  |

|  |
| --- |
| **Please state clearly the reason(s) that you seek permission for Leave of Absence from your research degree programme:** |
| **Please list what supporting documentation is attached to this form** |

 ***For Completion by Supervisor (recommendation)***

|  |  |
| --- | --- |
| **Name of Supervisor(s)** |  |
| **Tick as appropriate** | I recommend this application for Leave of Absence I **do not** recommend this application for Leave of Absence  |
| **Signature of Supervisor**  |  |

 ***For Completion by Head of School (recommendation)***

|  |  |
| --- | --- |
| **Name of Head of School** |  |
| **Tick as appropriate** | I recommend this application for Leave of Absence I do not recommend this application for Leave of Absence  |
| **Signature of Head of School**  |  |

***On completion this form is to be submitted to the College for decision***