

**Student Visa holders: authorised absence request form**

Please note that York St John University is a Student Sponsor and must comply with the attendance regulations set by UKVI.

**Sections 1 & 2** – To be completed by **student** requesting absence. Please complete both of these sections and, once your **Tutor/Supervisor** has completed **Section 3** and authorised your leave, a copy will be cc’d to your relevant School Administration Unit team (please refer to our website here for further information: [SAU Administration Office Information](https://www.yorksj.ac.uk/schools/school-admin/contact-us/)).

If your Tutor/Supervisor does not agree to the absence on the basis that it will have too great an impact on your academic studies, you will need to suspend your programme of studies. If you suspend from your programme of study, we are obliged to remove sponsorship of your current visa and inform the Home Office accordingly.

You must return to your campus lectures on or before the date agreed by the University. If you do not return by this date, your absence will become un-authorised and your student sponsorship could be put at risk.

**Section 1** – To be completed by **student**, details of absence.

|  |  |  |
| --- | --- | --- |
| **Student Full Name** |  | |
| **Student ID** |  | |
| **Current Course** |  | |
| **Reason for requested absence**   * Family Emergency * Holiday * Bereavement * Other |  | |
| **Dates:** | **From:** | **To:** |
| **Strategy for maintaining progress on course and making up missed work/assessments:** |  | |

|  |  |  |
| --- | --- | --- |
| **Current Module Codes** (please list:) |  | |
| **Absence Details:** | Number of contacts to be missed: | Assessments to be missed, if any: |

**Section 2 – Student declaration**

I certify that the information given in section 1 is correct to the best of my knowledge:

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

If your absence is authorised, you will receive written confirmation of this.

**Section 3** – To be completed by the **student’s Personal Tutor/Supervisor**.

Please complete this section and once authorised a copy will be sent to your relevant School Administration Unit mailbox to be processed and held on your student record.

□ I support their application for authorised absence and do not consider that this absence will have a detrimental effect on the students’ academic studies.

□ I do not support their application for authorised absence as I consider that this period of absence will have a detrimental effect on their academic studies.