

CONFIDENTIAL

8.	<p>Detail below the reasons for requesting a Leave of Absence:</p> <p>Please refer to Section 4 of the Code of Practice on Leave of Absence Procedures:</p> <p>Medical <input type="checkbox"/> Maternity/Paternity/Adoption Leave <input type="checkbox"/> Financial Hardship <input type="checkbox"/></p> <p>Transfer of Programme <input type="checkbox"/> Placement <input type="checkbox"/> Competitive Sports <input type="checkbox"/></p> <p>Other (state reason) e.g. Bereavement <input type="checkbox"/></p> <p>Please provide a brief statement to support your application. You must give valid reasons and provide supporting evidence – please refer to the Code of Practice for evidence guidelines.</p>
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I confirm that I have read and followed the Code of Practice on Leave of Absence Procedures and understand the implications of taking leave of absence and that it is my responsibility to notify the University of my wish to return prior to the proposed date of return.

Signed:	Date:
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Return to: Registry
 University College Birmingham
 The Link
 65-77 Summer Row
 BIRMINGHAM B3 1LB

Or scan and e-mail to: registry@ucb.ac.uk
 (if e-mailing, please ensure that all documentation and evidence is attached)

For Office Use only:		
Date form received:		
Approved:	Signed:	Date:
Rejected:	Signed:	Date:
Restart Date:		

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The details given on this form will be kept in accordance with Data Protection Legislation. The information given will be used for the sole purpose of processing deferral applications. The data will be stored on a secure database and the form will be kept secure and destroyed after a period of 7 years. No personal information will be shared with any third party without your permission. UCB's privacy notices and Data Protection policy can be found at <http://www.ucb.ac.uk/about-us/data-protection-resources.aspx>