



This form should be completed by

who

Health

Personal /
Bereavement

Maternity

Paternity

Adoption leave

I confirm the dates of the 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 complete their studies by their maximum date of registration.

I approve this application for a period of Authorised Absence as above:

Signed	:		Date	:	
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(Director for PGRs or equivalent/delegate)

Once completed, please return to the UKVI Compliance team on pgr-visas@sussex.ac.uk

