

Taught student leavers

Temporary leave conditions of return



UNIVERSITY OF LEEDS

Do not send with leave request form.

This form is to record a clear agreement between school and student, to be kept on file by school for reference.

Student Name: _____ ID: _____ Course: _____

Area	Condition	Further details as required	
Return to study	Level (i.e. year): 1 2 3 4 5 Repeating teaching: S1 S2 S3 other _____		
Tuition fees (any additional notes to advice)*	Current year 20__/__/__ e.g. x paid/instalment to go etc.		
	Return year 20__/__/__ e.g. x to be considered		
Funding (any additional notes to advice)*	Current year 20__/__/__ e.g. x to cease		
	Return year 20__/__/__ e.g. x needed		
Assessment	<p>Mitigating circumstances application has been made for assessment adjacent to leave period? Y/N</p> <p>If Y, give detail of position from Schools Special Cases Committee in box to right. <i>If outcome not yet reached, please provide date for outcome follow up with staff and student.</i></p>		
	<p>Any outstanding assessment to be completed without teaching? Y/N</p> <p>If Y, detail to right: <i>If School and student agree a return to external status, confirm this with the Examinations team no later than the deadline for external resit applications (end of Week 4), flagging the student is currently on temporary leave.</i></p>	Module code	Next assessment
	<p>Student to pay resit fees? Y/N</p>		
Support for circumstances of leave	<p>Health reason for leave? Y/N</p> <p>If Y, student must provide fit to return note to school (ideally from 8 weeks prior to return). Give date in box to right by which student is expected to provide this note.</p>		
	<p>Health condition lasting over 12 months? Y/N</p> <p>If Y, student is to register with disability services and establish support plan. Give date in box to right by which student is expected to confirm this is done.</p>		
	<p>Any other support plans agreed? Y/N</p> <p>If Y, give detail in box to right of what this is, how this will be evidenced and when by.</p>		

*notes only if relevant, expected that students are directed to gain instruction and advice from fees/funding teams.

DATE FOR REVIEW OF ABOVE DETAILS (recommended 8 weeks prior to expected return): __/__/__

DECLARATIONS

We, the student and the school representative undersigned, agree to the above conditions of return for the temporary leave submission (made with start date requested as __/__/__).

Student signature: _____ Staff signature & name: _____ Date: _____