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| **Leave of Absence Deferral Application Form** |  |

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| **Student Name** |  | **Student Number** |  |
| **Programme Title**  |  | **Year** |  |
| **Mobile Number** |  | **Email Address** |  |
| **Address for Correspondence** |  |

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| Details of requested Leave of Absence |
| **Stage you wish to Postpone** | **1st Year** |  | **2nd Year** |  | **3rd Year** |  | **4th Year** |  | **Post Grad 6th Year** |  |
| **Academic Year you wish to Postpone, ie 2025/2026** |  |
| **Date you intend to return to Study, eg September 2027** |  |
| **Reasons for request of Leave of Absence****Tick all that apply** | **Financial Reasons** |  |
| **Personal Reasons** |  |
| **Health Reasons** |  |
| **Career Opportunities** |  |
| **Other (please specify)** |  |

***If you are deferring for the full academic year and are in receipt of a SUSI grant, please contact*** ***feesgrants@iadt.ie*** ***once this deferral is approved***

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| **I wish to postpone a FULL YEAR OF STUDY and return to IADT to resume my studies in the next academic year** |
| **Student Signature** |  | **Date** |  |

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| **Students**, you must complete and return this form to your Faculty Administrator for processing. Attach a letter addressed to the Registrar outlining your reasons for seeking this leave of absence along with any supporting documentation such as medical certificates.**PLEASE NOTE**: Applications should be submitted by 30 April for Leave of Absences sought for the followingacademic year. In exceptional cases, the Institute will consider applications applied for during the year of study. Applications must be received by 31 March. Where leave is taken during a year of study, absence on grounds other than serious ill health will result in the student paying an additional Student Contribution and Tuition fees. |

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| **For Office Use Only** |

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| **Programme Chair/Co-ordinator** |
| **I support this student’s application for a Leave of Absence** | **Yes** |  | **No** |  |
| **If you answered No, please outlines reasons for this** |  |
| **Signature of Programme Chair** |  | **Date** |  |

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| **Head of Department/Head of Faculty** |
| **I support this student’s application for a Leave of Absence** | **Yes** |  | **No** |  |
| **If you answered No, please outlines reasons for this** |  |
| **Signature of HoD/HoF** |  | **Date** |  |

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| **Registrar** |
| **I support this student’s application for a Leave of Absence** | **Yes** |  | **No** |  |
| **If you answered No, please outlines reasons for this** |  |
| **Signature of Registrar** |  | **Date** |  |

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| **Comments** |
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