



**UCD - HEALTH SCIENCE PROGRAMME OFFICE**  
**LEAVE OF ABSENCE APPLICATION FORM**  
**ACADEMIC SESSION 2010/11**

SURNAME

FIRST NAME(S)

STUDENT NUMBER

PROGRAMME (E.G. BSc Radiography)

MOBILE NUMBER/ TELEPHONE NUMBER

E-MAIL

CORRESPONDENCE ADDRESS

Start and End Date of LA	Stage	Reason for Applying

SUPPORTING DOCUMENTATION ATTACHED: \_\_\_\_\_ N/A: \_\_\_\_\_  
 (Transcripts/course syllabus/course description/ Medical Certificates /Letters)

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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 Please ensure that the section below is completed and signed by the relevant Module Co-ordinator/ Head of School before being returned to Programme Board for consideration.

INTERVIEW REQUIRED: YES  NO:  INTERVIEWER: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION RECOMMENDED:  APPLICATION NOT RECOMMENDED:  REASONS FOR NOT RECOMMENDING:  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_