

## Student visa sponsored – authorised absence request form (compassionate leave/illness/personal)

Please note that the University of Southampton is a Student Sponsor and must comply with the attendance regulations set by the UKVI.

**Sections 1& 2** – To be completed by student requesting absence. Please complete both of these sections and, once your Tutor/Supervisor has completed **Section 3**, submit this form to your Faculty Office/Graduate School Office for processing.

If your Tutor/Supervisor **does not agree to the absence** on the basis that it will have too great an impact on your academic studies, *you will need to suspend*. If you suspend from your programme of study we are obliged to remove sponsorship of your current visa.

**Section 1** – To be completed by student, details of absence.

<b>Student name</b>	
<b>Student ID</b>	
<b>Reason for requested absence.</b>  <b>Please attach supporting documentation.</b>	
<b>Date from</b>	
<b>Date to*</b>	
<b>Will you miss any deadlines during the period of absence?</b> <b>If yes provide details.</b>	
<b>Will you leave the UK?</b>	
<b>Address during absence</b>	

\*You must return to the University by the date agreed by the University. ***If you do not return by this date, your absence will become un-authorised and your Student sponsorship could be put at risk.***

/Continued

**Section 2 – Student declaration**

I certify that the information given in section 1 is correct to the best of my knowledge:

<b>Signed</b>	
<b>Date</b>	

If your absence is authorised, you will receive written confirmation of this.

**Section 3 – To be completed by the students Personal Tutor/Supervisor.**

Please complete this section and return to the student for submission to their Faculty Office/Graduate School Office.

- I support their application for authorised absence and do not consider that this absence will have a detrimental effect on the students' academic studies.
  
- I **do not** support their application for authorised absence as I consider that this period of absence will have a detrimental effect on their academic studies.

<b>Name of Tutor/Supervisor (please print)</b>	
<b>Comment</b>	
<b>Signed</b>	
<b>Date</b>	

**Section 4 – To be completed by the students Faculty Office/Graduate School Office. Please complete this section and forward this form to [visa@soton.ac.uk](mailto:visa@soton.ac.uk)**

<b>Name (please print)</b>	
<b>Signed</b>	
<b>Date</b>	