

The School of Human Movement and Nutrition Sciences Absentee Form

Guidance Notes: Please READ the GUIDANCE NOTES and HOW TO SUBMIT THIS FORM before submitting your request

- Your application must be submitted to the contact specified in Section 5.4 of the relevant Electronic Course Profile (ECP) within 5 calendar days from the teaching activity date/time.
- > Acceptable supporting evidence of circumstances includes -
 - Medical reasons: a signed medical certificate, or statement from a counsellor, psychologist or psychiatrist. NB: The medical certificate must cover the date of the missed teaching activity and the doctor must be independent.
 - Exceptional circumstances: funeral notice, letter from sporting body, photographic evidence, news links.

(Scanned or photographed copies should be attached to your email)

- You may discuss your situation with your course coordinator and/or tutor, but you still need to submit a formal request using this form.
- If you have a continuing condition you should contact Student Services to arrange a Student Access Plan (SAP). You must still submit a request using the absentee form.

Non-permissible circumstances

Absentee will not be accepted where the school is not satisfied you took reasonable measures to avoid the circumstances that contributed to you missing a compulsory teaching activity. The following are not grounds for approval:

- Holiday arrangements ;
- Misreading time/date;
- Social and leisure events;
- Moving house;
- Work commitments
- Competing course deadlines

HOW TO SUBMIT THIS FORM

- 1. Submit your application form electronically **from your student email address** to the contact specified in Section 5.4 of the relevant Electronic Course Profile (ECP).
- 2. You will be notified of the outcome of your application via your student email address.

Students submitting an absence request must submit their request along with evidence of their circumstances, as soon as it becomes evident that an absence is needed, **but no later than 5 calendar days from the teaching activity date/time.**

If you are unable to provide evidence to support your request within the timeframe specified above **you must still submit your absentee form and request on time**, and advise why you cannot provide the evidence, and a staff member will be in touch with you to discuss your circumstances.



Privacy Statement: The information on this form is collected for the purpose of responding to your enquiry. The information you provide will remain confidential and will not be disclosed to a third party without your consent unless disclosure is authorised or required by law.

| 1. Student Details | |
|---|--|
| Family Name: Click here to enter text. | Given Name: Click here to enter text. |
| Mobile Number: Click here to enter text. | Student ID: Click here to enter text. |
| Email Address: Click here to enter text. | Date form submitted: Click here to enter a date. |
| 2. Course Information | |
| Code: Click here to enter text. | Title: Click here to enter text. |
| Coordinator: Click here to enter text. | Tutor: Click here to enter text. |
| 3. Details of Tutorial/Practical/Workshop/Placement Missed | |
| Date: Click here to enter a date. | Time: Choose an item. |
| 4. Reason for Application | |
| Medical: □ 🗢 | Medical Certificate attached: 🗆 |
| Exceptional Circumstances: □ | Supporting Documentation attached: 🗆 |
| 5. Declarations (Please check) | |
| I declare the information provided is correct, complete and authentic. For an application on medical grounds, I confirm the medical practitioner is not a near relative or close associate of mine. I authorise the University to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result I disciplinary action. | |
| I have read and understand the Guidance Notes on page 1 of this form. | |
| 6. Student Signature | |
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