



**CITY UNIVERSITY
Department of Radiography**

Request for leave during term time

This form is to be used if you wish to request leave for a holiday in term time. Permission will be given only in exceptional circumstances. Please note that taking holiday in term time is strongly discouraged and can lead to loss of bursary, as your bursary is calculated on the exact number of weeks that you attend the course for. Any leave taken during clinical weeks **MUST** be made up by full days not half days i.e. Wednesday afternoons. If leave is taken during an academic block then it is up to you to catch up with notes etc.

This form should also be used for those wishing to take holidays for religious festivals that are not part of the Christian calendar.

Name.....

Dates requested for leave.....

I will be missing.....days of academic/clinical work (please complete as appropriate)

Reason for requesting leave.....
.....

Permission granted

Leave in Academic time

Signed (Programme Director).....

Leave in clinical time

Signed (lecturer responsible for clinical site).....

Signed (Clinical Co-ordinator).....

Time taken will be made up on the following dates:.....

.....

Signature of student.....