



Catherine McAuley School of Nursing and Midwifery

APPLICATION FORM

LEAVE OF ABSENCE

Surname: _____ First Name: _____ Student ID number: _____

UCC student email: _____ Telephone No: _____

Programme: _____

(e.g. BSc General/Midwifery/ID/Mental Health/Integrated, PGDip Gerontology/Oncology, MSc Midwifery etc.)

Year you first registered for this programme (e.g. 2022, 2023 etc.): _____

If NOT currently registered, please give the year when you were most recently registered: _____

and the course you were registered for: _____

Date of request:

Reason for request:

FOR OFFICE USE ONLY

Recommendation by Programme Lead/Coordinator (Undergraduate/Postgraduate). For exemption applications, consult with Module Leader first. Approved [] Not Approved [] Date: _____ Reason for Decision: _____

Please return this form by email only, with any supporting evidence e.g. transcripts, module descriptions, medical certificates etc. attached as scan/photo, to the relevant email address below. Hard copy forms will not be accepted.

Please return the form to:

Postgraduate: PGSupportSONM@ucc.ie Undergraduate: SONMUnderGrad@ucc.ie