



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: _____

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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:

Recommendation by Vice Dean of Undergraduate/ Postgraduate Education.

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