

Authorised Absence Application Form - PGRs

(Student route visa holders only)

This form should be completed by **postgraduate researchers (PGRs) holding Student Route visas** who may unavoidably need to take a period of Authorised Absence that does not exceed 60 days.

Under some circumstances, the University can allow a Student Route visa holder to take a short break from their studies for a period **not exceeding 60 days** without having to withdraw sponsorship for their visa.

Where a PGR is not eligible for Authorised Absence, a period of intermission can be taken instead. This would result in a withdrawal of sponsorship and curtailment by UKVI of the Student Route visa. PGRs should contact an International Advisors for visa advice, via the [Student Hub – Support for international students](#), if considering intermission.

Before applying, all students should ensure they understand what restrictions apply during an Authorised Absence (e.g. your right to work in the UK), and what interactions will be required with the University during the absence. Full information can be found here:

<https://student.sussex.ac.uk/international/visas/during-studies/changes/break-from-studies>

Please note if you are in receipt of a United States Federal Direct Loan, this request may have an impact on your funds. Please seek advice from the Financial Aid Office before proceeding (usfinancialaid@sussex.ac.uk).

SECTION A – to be completed by the PGR (only electronic, typed copies will be accepted)

Name		Reg. No.	
Research Degree		School	
Address during authorised absence			
Phone number during authorised absence			
Proposed start date of absence (<i>please note retrospective absences will not be approved</i>)			
Proposed end date of absence			
Please provide a short statement detailing the reason for taking an authorised absence.			

Information about evidence to support the request	<p><i>Please retain the sentence that applies and delete the other.</i></p> <p>EITHER I have evidence and have attached it with this form</p> <p>OR I do not have evidence and request a decision based on the above statement alone</p>
Please check one box: (please note if a box is not checked, this request cannot be approved)	<input type="checkbox"/> I am in receipt of, or have been in receipt of, a United States Federal Direct Loan during my PhD/MPhil <input type="checkbox"/> <u>I am not</u> in receipt of, and have not been in receipt of a United States Federal Direct Loan during my PhD/MPhil

PGR Declarations

I understand that I will not be granted a visa extension to my studies as a result of this absence and that I will continue to be liable for tuition fees.

I understand that my right to work in the UK during this absence is the same as normal, i.e. no more than 20 hours per week during term time.

I understand that I must keep my contact details up to date via Sussex Direct and will amend my address and phone number as necessary before, and after this period of absence.

I understand that I am taking this authorised absence because I need a break from my studies for the reasons given above. I will not be engaging with my studies during this absence and understand that I do not need to meet the usual attendance or engagement requirements during this absence.

I understand that I am required to contact the University ten working days before I am due to return from the authorised absence to confirm whether I will be resuming my studies as expected or to discuss any additional time needed. I understand that if additional time is needed, I may be required to intermit (temporarily withdraw) instead.

If I fail to return by the date expected, I understand that the University reserves the right to initiate an intermission. This will mean a withdrawal of sponsorship; I will be reported to the UK Visas and Immigration, and I will be required to leave the UK.

Signed		Date	
--------	--	------	--

SECTION B – To be completed by the lead supervisor

I confirm that I have reviewed the reason for the request and the evidence supplied and agree that a period of Authorised Absence can be granted.

I am satisfied that on their return the PGR will be able to complete their studies by their maximum date of registration.

I recommend the Authorised Absence for the period stated:

Name		Date	
Signed			

SECTION C – To be completed by the Faculty PGR Lead / Faculty Student Experience Lead**IF APPROVING:**

I confirm that I have reviewed the reason for the request and the evidence supplied and concur with the lead supervisor that a period of Authorised Absence can be granted.

I am satisfied that on their return the student will be able to complete their studies by their maximum date of registration.

I understand that a complete paper trail relating to this authorised absence must be held by the School/Faculty and will be required during any internal or UKVI audit. This must include:

- The fully completed form
- The evidence used in the decision making
- The notification of approval to the student
- Evidence of the return from the authorised absence
- Any additional internal communications that may be relevant

I approve this application for a period of Authorised Absence and I will provide a copy of this form to the student for their records.

Name		Date	
Signed			

IF NOT APPROVING

I have considered this request and any evidence supplied but do not agree that a period of Authorised Absence can be granted.

This is because : DETAILS TO BE ADDED

I have informed the student of this decision and provided a copy of this form for their records.

Name		Date	
Signed			