

This form should be completed by an appropriate member of staff (Tutor, Year Leader, etc) but can only be authorised by the Course Director, Year Leader or via the SPD system.

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Member of Staff Initiation	ng					Date	e:		
Student Name:									
Name of Course:						Year of Study:			
What Assessment does trelate to:	his								
Assessment Date / Dead	line:								
lease Note: Authorised absences a situations such as, but Supporting evidence authorised absence. Approvals for authoris (exams@rvc.ac.uk) or Authorised absences rook Course Direct Year Leader Student Performance of Student Per	not limited to, illn (detailed medical n sed absences shoul in person. may only be grante	ess ar ote, e d be s d one	nd clo etc.) n submi	se fam nust be tted to e follow	ily berea submitt the Exar	ed whe	n app	lying fo	
or completion by the authorisi	ing member of staff								
Decision:	Absence Authorise	ence Authorised / Absence Not Authorised (please delete as appropriate)							
Reason for Not Authoris (if applicable)	ing Absence:								
Name of Authorising Sta Member:	ff						ate:		
Position: (Course Director, Year Leader,	etc)					·		•	