**
Sick leave request form for UKRI & University funded postgraduate research students**If you are a UKRI or University funded postgraduate research student, you are entitled to receive up to 13 weeks of sick leave on full stipend as long as you are in receipt of a medical fit note/certificate. Your funding and submission date will be extended commensurate to this period i.e. if you are sick for 13 weeks but have a medical fit note/certificate (we will need a copy) for 5 weeks of this period, your funding and submission date will be extended by 5 weeks. This form should only be used for the first 13 weeks of your sick leave. Any sick leave which exceeds 13 weeks must be requested via the standard interruption process for postgraduate research students.

**Student’s details**

   

   



Research Council: 

**Sick leave details**

I am starting my sick leave on (dd/mm/yy): 

I expected to resume my studies on (dd/mm/yy): 

Copy of medical fit note attached: ** **

Please note that this sick leave request cannot be processed without supporting evidence.

**Student’s confirmation**

By signing this form, I confirm that I understand and agree that:

* the sick leave applied for is in line with University & UKRI Guidance ([click here](https://intranet.royalholloway.ac.uk/doctoral-school/pgr-student-lifecycle/changes-that-affect-your-registration-status/funded-sick-leave.aspx))
* the request on this form covers up to 13 weeks only of sick leave
* during these 13 weeks:
	+ I will continue to receive my UKRI/University stipend
	+ I will remain registered as a student of the University and must complete enrolment accordingly
* I am obliged to repay any stipend received during the period of sick leave should I fail to
return to my studies at the end of the period of sick leave, unless there are serious extenuating circumstances

Signature of candidate: Date:

Please note that a typed signature is not sufficient. If you are not able to sign, please email doctoralschool@royalholloway.ac.uk with confirmation of your agreement to the above.

**Academic approval**

Signature of supervisor: Date:

Please return the completed form to doctoralschool@royalholloway.ac.uk or to Doctoral School, Royal Holloway, University of London, Egham Hill, Egham, Surrey, TW20 0EX

FOR DOCTORAL SCHOOL USE:

Signature of Director of Date: Postgraduate Education: