Swansea University L#583059

**REQUEST to study Remotely**

**SECTION A: Personal Details**

|  |
| --- |
| Surname: |
| Forenames: |
| Student Record Number: |

**SECTION B: Programme Details**

|  |
| --- |
| Programme of Study: |
| Home College: |
| Supervisor(s): |

**SECTION C: Request to Study Remotely**

|  |
| --- |
| Period of study requested: First day Last Day |
| Location of study requested:  Address of where you will reside: |
| Brief outline of reason for the request: |

**SECTION D: Student Signature**

|  |  |
| --- | --- |
| I confirm that the information above is correct, that this is a request to study remotely and I am still continuing with my studies at Swansea University. | |
| Signature: | Date: |

**SECTION E: Supervisor Signature**

|  |  |
| --- | --- |
| I approve the request to study remotely and arrangements have been made to monitor the student’s engagement which meet the requirements of the Engagement Monitoring Policy for Research Students. | |
| Signature: | Date: |

**SECTION F: Authorisation on Behalf of the University**

|  |  |
| --- | --- |
| I hereby authorise the above request to study remotely. | |
| Signed HOC/Designate:  Print Name:  Signed SCS:  Print Name: | Date of Signature:  Date of Signature: |

|  |
| --- |
| **COLLEGE USE ONLY** |
| Engagement Record Updated by College Shape |

|  |
| --- |
| **SCS USE ONLY** |
| Change of Study Location Reported Shape |

Swansea University L#583059

**CAIS i astudio o bell**

**ADRAN A: Manylion personol**

|  |
| --- |
| Cyfenw: |
| Enwau Cyntaf: |
| Rhif Cofnod y Myfyriwr: |

**ADRAN B: Manylion y Rhaglen**

|  |
| --- |
| Rhaglen Astudio: |
| Coleg Cartref: |
| Goruchwyliwr/wyr: |

**ADRAN C: Cais i Astudio o Bell**

|  |
| --- |
| Cyfnod astudio'r cais: Diwrnod cyntaf Diwrnod olaf |
| Lleoliad astudio'r cais:  Y cyfeiriad lle byddwch chi'n byw: |
| Amlinelliad cryno o'r rheswm dros y cais: |

**ADRAN Ch:** **Llofnod y myfyriwr**

|  |  |
| --- | --- |
| Cadarnhaf fod yr wybodaeth uchod yn gywir, bod hwn yn gais am absenoldeb dros dro, a fy mod yn parhau i astudio ym Mhrifysgol Abertawe. | |
| Llofnod: | Dyddiad: |

**ADRAN D: Llofnod goruchwyliwr**

|  |  |
| --- | --- |
| Cymeradwyaf y cais i astudio o bell a gwnaed trefniadau i fonitro cyfranogiad y myfyriwr yn unol â gofynion Polisi Monitro Cyfranogiad myfyrwyr Ymchwil. | |
| Llofnod: | Dyddiad: |

**ADRAN Dd:** **Awdurdodwyd ar ran y Brifysgol**

|  |  |
| --- | --- |
| Drwy hyn, rwyf yn awdurdodi'r cais uchod i astudio o bell. | |
| Llofnod Pennaeth y Coleg neu ddirprwy:  Enw mewn llythrennau bras:  Llofnod SCS:  Enw mewn llythrennau bras: | Dyddiad y llofnod:  Dyddiad y llofnod: |

|  |
| --- |
| **AT DDEFNYDD Y COLEG YN UNIG** |
| Cofnod cyfranogiad a ddiweddarwyd gan y Coleg Shape |

|  |
| --- |
| **AT DDEFNYDD SCS YN UNIG** |
| Adrodd am Newid Lleoliad Astudio Shape |