

**UNIVERSITY OF MANCHESTER
FACULTY OF ENGINEERING AND PHYSICAL SCIENCES
Undergraduate Programmes Interruption/Repeat Application Form**

School : COMPUTER SCIENCE

<i>For Office use only</i>	<i>Date received in School:</i>
----------------------------	---------------------------------

This form should be completed where a request for an interruption to, or repeat of, a taught programme of study is sought. Part A must be completed by the student, and on completion submitted to the Student Support Office (LF21, Kilburn Building). Part B is for Office use only.

All information contained on this form will be treated as **STRICTLY CONFIDENTIAL**

Before requesting an interruption to, or repeat of, your course of study it is important that you consider the implications. Help and advice can be obtained from your School or from the Atrium Advisory Service, the University Counselling Service or the Students' Union Advice Centre.

PLEASE SEE THE STUDENT GUIDANCE NOTES FOR THE TUITION FEE REFUND POLICY

PART A MUST BE COMPLETED BY THE STUDENT (Please Print)

PART A

Section 1: PERSONAL INFORMATION

Family name:	Other Name(s):	Student ID Number:
Correspondence Address(for contact during period of interruption):		Home telephone No:
		Mobile telephone No:
Email address:		

Section 2: PROGRAMME OF STUDY

Name of Degree (including award and course title):	Year on Course:
Name of Personal Tutor/Supervisor:	Year of First Registration:

Section 3: PREVIOUS INTERRUPTIONS / REPEATS

Have you ever interrupted or repeated any part of your course? (please tick YES or NO) <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please give a brief summary of reasons for previous request(s): <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

Section 4: REASON FOR REQUESTING INTERRUPTION/REPEAT

Requested Interruption Dates:	From:	To:	
<input type="checkbox"/> Interrupt with repeat of study			<input type="checkbox"/> Interrupt with no repeat of study
<input type="checkbox"/> Repeat study with no interruption (for applications immediately after the June or September Exam Board)			
Please explain the circumstances behind and reasons for your interruption/repeat request <i>(Please continue on an additional sheet of paper if necessary)</i> :			

Section 5: STUDENT DECLARATION

Have you sought advice from any member of University Staff about this application for Interruption/Repeat?
<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please give details:
Have you attached any supporting documentation i.e Medical notes, Supporting letters, Correspondence from Funding organisation?
<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes please list:
Are you in receipt of a Scholarship? (please tick YES or NO)
<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES please indicate which: Research Council/School/Other (Please specify):
If you hold a Tier-4 student visa to study in the UK, have you consulted the Student Immigration Team in the Student Services Centre? Are you fully aware of the consequences of taking an interruption on your visa status?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
Have you notified your sponsor about your application to interrupt your studies, and do they support your request?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable
I confirm that the information I have given is correct to the best of my knowledge and that I fully understand the implications of interrupting my current programme of study.
Signed: _____ Date: _____

Please return your completed form to Student Support Office, LF21, Kilburn Building.

PART B

PART B MUST BE COMPLETED BY THE MEMBERS OF STAFF RESPONSIBLE FOR DECIDING THE OUTCOME OF THE APPLICATION TO INTERRUPT AFTER APPROPRIATE CONSULTATION WITH THE RELEVANT MEMBERS OF STAFF/STUDENT

Section 1: School comments - to be completed by personal/year tutor or supervisor

Section 2: APPROVAL

Do you approve this application for interruption/repeat of studies?

YES

NO

Please explain your reasons below. Please reference any information provided by other members of staff.

(If approved) Interruption Dates:	From:	To:	
--	-------	-----	--

Date of last attendance (certified and agreed):	
--	--

Please indicate which of the following has been agreed;

Interrupt with repeat of study

Interrupt with no repeat of study

Repeat only

Section 4: DECLARATION OF APPROVAL

Name (print): Toby Howard

Position: Director of Undergraduate Studies

Signed:

Date: