

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:
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Date of last attendance (certified and agreed):	
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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): Paul Nutter

Position: Director of Undergraduate Studies

Signed:

Date: