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| **APPLICATION TO INTERRUPT PROGRAMME OF STUDY** |
| This form must be completed by the Course Director, their nominee or Senior Administrator. It must be completed in line with the Interruption of Studies procedure and submitted within 10 working days of the start of the planned interruption. |

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**Student Details:**

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| --- | --- | --- | --- | --- | --- | --- |
|  | Surname: |  | Forename(s): | | |  |
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|  | Student Number: |  | Programme of study: |  | Year of study: |  |
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**Interruption Details:**

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| --- | --- | --- | --- | --- |
|  | From (date): *dd/mm/yyyy* |  | To (date): *dd/mm/yyyy* |  |
|  |  |  |  |  |
|  |  | | |  |
|  | Please give reasons why the interruption is necessary (e.g. medical, personal, financial, for reasons associated with the nine protected groups under the Equality Act 2010) | | |  |
|  | |  | | --- | | Financial Reasons | | Illness / Health | | Maternity/Paternity Leave | | Personal Reasons | | Participation in Sporting Event(s) | | Discretionary Panel Decision | | Exam Board Decision | | Authorised by Research Degrees Committee (**applicable only for Research Students**) | | | |  |
|  | Confirm the status of the modules that the student is registered for this academic year below   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Module Cole | Module Name | Period | Started  (Y/N) | Teaching finished  (Y/N) | All assessments completed  (Y/N)  Where N provide details | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | |  |
|  | Is occupational Health clearance required before return to study? **Yes / No**  If ‘Yes’, please give details of the requirement below | | |  |
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|  | Other action required **before** return to study: (e.g. advice about health, counselling, finance, learning support) |  |
|  |  |  |
|  | Other action required **after** return to study: (e.g. regular personal tutor meetings) |  |
|  |  |  |
|  | **Essential discussion** with the student  **Maximum period of registration** Please discuss the effect the interruption will have in regard to the student’s programme of study.  Discussed: **Yes / No** |  |
|  | Notes: |  |
|  | **Tuition fee liability** for current academic year and on rejoining the course.  Please confirm that this has been discussed with the Student Finance Policy Officer.  Discussed: **Yes / No** |  |
|  | Notes: |  |
|  | **For international students (non-UK students or those in the UK on a visa)** Please confirm that the student has discussed their immigration status with the International Advising Team  Discussed: **Yes / No** |  |
|  | Notes: |  |
|  | **Confirmation that the IoS has been fully discussed.** Please refer to the *Interruption of Studies Procedure*  Discussed: **Yes / No** |  |

**This form must be completed and signed:**

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| --- | --- | --- | --- | --- |
|  | Course Director or nominated staff member agreeing interruption – signature  I confirm that this IoS has been agreed and discussed with the student in line with the *Interruption of Studies Procedure* | | |  |
|  |  | | |  |
|  | Staff name in Block Capitals |  |  |  |
|  |  | Date: |  |  |
|  | Student signature – **I confirm that my contact details with the University are up to date, and I will continue to regularly check my university @sgul.ac.uk email account.** | | |  |
|  |  | Date: |  |  |
|  | Upon completion please send to the Course Administrator for distribution to [studentsystems@sgul.ac.uk](mailto:studentsystems@sgul.ac.uk) and [studentfinance@sgul.ac.uk](mailto:studentfinance@sgul.ac.uk) | | |  |