|  |  |
| --- | --- |
|  | **APPLICATION TO INTERRUPT PROGRAMME OF STUDY (MBBS)** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |  |
|  | Student’s Full Name: | | Student Number | Programme of study | Year of study |  |
|  |  | |  |  |  |  |
|  |  |  |  | | |  |

Please outline your reason(s) for requesting an interruption of study (to be completed prior to initial meeting)

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | |  |
|  | Interruption start date | |  | | | Interruption end date**[[1]](#footnote-1)** | | |  |  |
|  | Contact details whilst interrupting | | | | | | | | |  |
|  | Address |  | | | | | | | |  |
|  | Telephone |  | | Email |  | | | | |  |
|  | Components of current year completed successfully | | | | | | Components of current year not completed | | |  |
|  |  | | | | | |  | | |  |
|  | Occupational Health clearance required before return to study? | | | | | | | Yes (*provide details below*)  No | |  |
|  |  | | | | | | | | |  |
|  | Any other action required **before** return to study? (e.g. advice about health, counselling, finance, learning support) | | | | | | | | |  |
|  |  | | | | | | | | |  |
|  | During the Interruption I agree to be contacted by  The Year Coordinator  My Personal Tutor  Action required **after** return to study? (e.g. regular personal tutor meetings) | | | | | | | | |  |
|  |  | | | | | | | | |  |
|  |  |
|  |  | | | | | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | I confirm that the following matters were discussed with me as part of the interruption of study process: | | | |  |
|  | **Reasons for interruption and evidence provided/required**  **The process and possible outcomes of the application**  **Impact on future career**  **Completion of assessments**  **Tuition fee liability**  **Student visa (if applicable)**  **Maximum period of registration**  **Support and communication during interruption**  **Return from interruption process** | | | |  |
|  |  |
|  | Please use the space below if you wish to add any other relevant details discussed during the meeting not listed above: | | | |  |
|  |  | | | |  |
|  |  | | | |  |
|  | Student’s signature: |  | Date: |  |  |
|  |  | | | |  |

***OFFICE USE ONLY***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | |  |
|  | Member of MBBS programme team conducting the initial meeting |  | | |  |  |  |
|  | *(full name in capital letters)* | | | *(signature)* | *(date)* |
|  |  |  | |  | | |  |
|  | **Interruption of study approved by** |  | | |  |  |  |
|  |  | *(full name in capital letters)* | | | *(signature)* | *(date)* |  |
|  |  |  | |  | | |  |
|  | **SITS amendments**:  Student record  Contact details  Distribution lists  Graduation and finish dates  Amended by (name and signature): | | **Staff / services to be informed of IoS:**  Student  Students Systems  Student Finance Policy Officer  Finance Department (Receivables)  Senior Compliance Officer (if visa issues apply)  Year Coordinator  Clinical Teaching Administrators (if relevant)  Examinations Officer  Dean for Students  Student’s personal tutor  Personal tutor leads for international students (for INTO students)  INTO office (for INTO students)  Occupational Health (if appointment required)  Copy for the student’s file  Disseminated by (name and signature): | | | |  |

1. **Should the date of return to study change, a new IoS form needs to be completed.**  [↑](#footnote-ref-1)