|  |  |
| --- | --- |
|  | **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 TutorAction 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 datesAmended 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 fileDisseminated by (name and signature):      |  |

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