Students considering an interruption of studies must contact their personal tutor / year leader AND relevant Registry Officer for help and advice. You should contact your funding body about the implications to your financial support prior to submitting this form. A copy of the Interruption, Withdrawal or Transfer of Studies Procedure should be referred to when completing this form. N.B. Where this form is being used for suspension of a student's studies by the University, all fields should be completed by the relevant Registry Officer

| **Student Details** | |
| --- | --- |
| Surname: |  |
| Forename: |  |
| Student ID: |  |
| Date of Birth: |  |
| Course Name: |  |
| Course Code: e.g. BB1BMA4 |  |
| Academic Year e.g. 2021/22 |  |
| Year of study – Ensure full session code is listed to indicate Stage, Intake and Campus e.g. Y1, Y1ALE, Y1UX |  |
| Mode of Attendance e.g. Full Time, Part-time, Distance Learning, Apprentice |  |

| **To be completed by the student**  Please indicate in the box below the reason for the request to interrupt your studies. If the reason is confidential, please indicate this here and submit the form, with a confidential statement in a clearly labelled sealed envelope, to the Registry Officer. |
| --- |
|  |

| **Signature & declaration**  In signing this form, I confirm that I wish to interrupt my studies from the date of signature and acknowledge any liability for fees I may have. | |
| --- | --- |
| Expected date of return: please refer to the full procedure for limitations on return dates |  |
| Name: |  |
| Signature: (Type name if filling in electronically) |  |
| Date: |  |

| **To be completed by the Registry Officer** | | |
| --- | --- | --- |
| Is the requested interruption of studies approved? |  | |
| Name of Authorising Signatory: |  | |
| Signature: (Type if filling in electronically) |  | |
| Date: |  | |
| Date of interruption of studies by the University IF NOT date of signature, please state reason in Notes area below  If an apprentice, learners should be made aware that returning to study will be dependent on being in suitable employment and where the employer is responsible for funding the programme, proof that they have agreed to do so. | | |
| Please put an ‘X’ in the box to confirm that the learner is aware of and understands this. | |  |
| Notes: | | |

| **For Student Records use only** | |
| --- | --- |
| Date record amended: |  |
| Date Student Finance/Other Funding Body/Sponsor informed: |  |
| Notes: |  |