**Interruption of Studies Request Form**

**IMPORTANT: This form must be handed or emailed to your Programme Support Officer once Part 1 is completed. They will determine if a meeting / telephone conversation is necessary or if your request can be agreed via email. No refund can be processed until both Parts 1 and 2 have been completed in full and signed.**

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| **PART 1 – INTERRUPTION REQUEST** (to be completed by the student) |
| **Title** (Mr/Mrs/Miss/Ms/Other):  | **Surname/Family Name:**  |
| **First or given name(s):**  | **Student Reference Number:**  |
| **Address for future correspondence:**   **Postcode**:  |  |
| **Programme Name:**  |
| **Level** (0/4/5/P/6/7):  |
| **Reason for interruption:** Work commitments  Financial Reasons Health Reasons  Other (please specify) Maternity Leave Personal reasons  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |
| **Have you interrupted your studies before?** YES/NO  |  |
| **Please provide an explanation of your reasons for this request:**  **Please list the assessment(s) you have submitted this academic year:** (state none if none have been submitted)  **List any relevant documentary evidence provided with this form in support of your request:** (state none if none available)   |
| **Have you sought advice from your Programme Leader or other member of staff?** YES/NO ***If NO, you are encouraged to do so before submitting your request to interrupt studies as support may be available to allow you to continue. You can speak to your programme team or, alternatively,*** [***SUBU Advice***](http://www.subu.org.uk/advice) ***provides confidential independent advice.*** |

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| **PART 2 – INTERRUPTION DECISION** (to be completed by the Programme Leader and signed by the Student) |
| **Academic checks:**Valid reason YES/NO Supporting evidence submitted YES/NO (if not, state if required) \_\_\_\_\_\_\_\_\_\_\_\_\_Registration period affected YES/NO (if yes, Assessment Board Chair’s action is required)PSRB or other implications YES/NO (if yes, state what these are) \_\_\_\_\_\_\_\_**Give details of all units affected**  |
| Details of unit(s) affected by interruption mid-unit and agreed with the Student:   |
| Details of advice given to the Student (written communications to be kept on the student file):   |
| Date of interruption of studies:(this will be the official interruption date recorded on your student record)  |
| Date of anticipated return to studies:  |
| ***Note: if you return on a different date, we may need to make adjustments to the agreed arrangements*** |
| Signature of Student:  | Date:  |
| Signature of Programme Leader: (needed before interruption can be completed) | Date:  |
| Signature of Assessment Board Chair (if applicable)  | Date:  |

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| PART 3 – To be completed by the Programme Support Office |   |
| Administration check: Form completed and signed by Student Form completed and signed by Academic Interruption approved within Faculty Interruption actioned in e:vision |  Yes/No Yes/No Yes/No Yes/No |
| Confirmed amount of liability:  |  |
| Amount to be refunded (if any): | **£**  |  |
| Invoice number:  |  |
| Programme Administrators Signature:  | Date:  |
| Print Name:  |  |
| Authorised Budget Manager Signature or confirmation from the Central Finance team that the liability stated is correct: | Date:  |
| Print Name:  |  |