

Application for Interruption

Student Number-

1 Student Details

Surname	Forenames			
Programme	Year of Study	Last date of supervisory contact:		
		DD	MM	YYYY

2 Title of the Research

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3 Registration

Current stage or milestone on Programme (e.g. Registration/Transfer/PAP)			
Mode of Study - please tick	Full-time	Part-time	

4 Reasons for Interruption of Studies (if necessary, please attach separate sheet explaining your reasons)

5 Duration of proposed interruption

Total months of proposed – please tick	3 months ____	6 months ____	9 months ____	12 months ____
Interruption to begin with effect from	DD	MM	YYYY	

6 Director of Studies approving interruption

Signed	Date
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Have you discussed your decision to interrupt from your studies with a member of staff?
For example a Research Degree Support Officer.

Yes	No
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Are you aware of any financial implications of your decision?

Yes	No
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If NO, please contact the Student Welfare & Advice Team and the Research Degree Administration Team for information and advice.

If you are an overseas student, are you aware of implications to your visa?
If NO, please contact the International Student Advice Team.

Yes	No
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I have checked my address and made any necessary changes to my contact details on MyUniHub

Student's signature: Date:

7 Approval of Research Degrees Board – Chairman of University Research Degrees Board (Director of Research)

Research Degrees Board has approved the above interruption of _____ months	
Signed	Date