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| TAB_col_white_background.eps | **Faculty of Biology Medicine and Health | School of Health Sciences**  **APPLICATION TO INTERRUPT PROGRAMME OF STUDY FORM** |

**Students: please read the notes below and complete section 1 & 2, you should contact your Programme Director to discuss and complete section 3.**

This form should be completed where a request for an interruption to a PGT programme of study is sought. All information on this form is treated as **CONFIDENTIAL**.

Before requesting an interruption to your programme of study it is important that you consider the implications of interrupting. Help and advice can be obtained from your School or from the Academic Advisory Service, the University Counselling Service or the Students’ Union Advice Centre. International students must discuss the implications of any interruption period with the International Advice Team (regarding visa implications) and their sponsor where appropriate.

Until you have received a confirmation letter that your leave has been approved, you must continue to undertake all your normal student activities. After your leave has been approved it is your responsibility to keep in touch with the programme team concerning your return.

Please note that this form and supporting information supplied is shared appropriately within the School to manage your leave of absence. **Retrospective requests will only be considered under exceptional circumstances**

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| **Section 1 – To be completed by the Student (Please PRINT)** | | | | | | | | | | | | | | | | | |
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| **Student ID Number:** |  |  |  |  |  | |  | |  | |  |  | **Mode of Study:** | FT | | PT | |
| **Family Name:** |  | | | | | | | | **Other Name(s)** | | | |  | | | | |
| **Academic Programme:** |  | | | | | | | | | | | | | | | | |
| **Year of Entry:** |  | | | | | **Year on Programme:** | | | | | |  | | | | | |
| **Are you in Receipt of a Scholarship?** | | | | | | Yes | | No | | **Confirmation of funding body approval attached** | | | | | | | |
| If in receipt of a funded Studentship please give details: | | | | | | | | | | | | | | | | | |
| **Are you in receipt of a bursary?** Students are not entitled to a bursary whilst on interruption (with the exception of maternity leave). You must contact your bursary provider to confirm the details of your interruption with them | | | | | | | | | | | | | | | **Yes** | | **No** |

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| Section 2: Interruption Request | | | | | |
| Last Date of Attendance: |  | **Requested start date for interruption:** |  | **Anticipated return date:** |  |
| Reason for interrupting programme (please select all that apply):  □ Personal Health Problems – is Occupational Health aware of these problems? YES □ NO □  □ Financial problems  □ Other personal problems  □ Maternity leave – please fill in Section 3  □ Other | | | | | |
| More Details (please also attached any supporting documentation): | | | | | |

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| **If you are in the UK subject to immigration regulations, i.e. you are a non-EU citizen and need permission to enter/remain in the UK you must consult the International Advice Team regarding visa implications** | | |
| **Please confirm whether you are an international student** | **Yes** | **No** |

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| **Student Declaration**  I confirm that the information I have given is correct to the best of my knowledge and that I fully understand the implications of interrupting my current programme of study. | | | |
| Signed: |  | Date: |  |

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| **Section 3: Programme Director Use Only** | | | | | | | | | | | | |
| Start date of programme: | |  | Date programme to be completed by: | | | | | |  | | | |
| **Student Profile & Progression:** Please detail student profile below. Units should be marked as completed only if **all** theoretical elements have been successfully completed. | | | | | | | | | | | | |
| **Unit** | | | **Completed** | | | **Notes** | | | | | | |
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| **Return information** | | | | | | | | | | | | |
| **Return date:** |  | | | **Last possible return date:** | | |  | | | | | |
| **Return cohort and units:** | | | | | | | | | | | | |
| **Occupational Health clearance required prior to return?** | | | | | | | | | | **Yes** | | **No** |
| **Additional notes** | | | | | | | | | | | | |
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| I confirm that the above named student has discussed his / her circumstances with me and that I **support / reject** their application to interrupt their programme of study. | | | | | | | | | | | | |
| **Programme Director Name:** | | | | **Signature:** |  | | | | | | | |
| **Date:** |  | | | | | | | |
| **Section 4: Administration** | | | | | | | | | | | | |
| **Please indicate whether the application has been granted School approval:** | | | | | | | | **Approve** | | | **Reject** | |
| Any Additional Comments: | | | | | | | | | | | | |
| **More information regarding the University Interruption policy click** [**here**](http://documents.manchester.ac.uk/DocuInfo.aspx?DocID=4780) | | | | | | | | | | | | |