Text

Description automatically generated

School of Health Sciences - Interruption of Study Request Form

*We recommend this form is edited using the desktop version of Microsoft Word, for compatibility with the form controls. For help, or to return completed forms, please email* [*shs.wellbeing@manchester.ac.uk*](mailto:shs.wellbeing@manchester.ac.uk)*.*

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| ***Section 1 – to be completed by the student (with assistance from AA or PD if required)*** | | |
| ***1a - Personal Details*** | | |
| **Full name** | Click or tap here to enter text. | |
| **Student ID** | Click or tap here to enter text. | |
| **University Email Address** | Click or tap here to enter text. | |
| **Personal Email Address** | Click or tap here to enter text. | |
| **Contact Telephone Number** | Click or tap here to enter text. | |
| **Home/Overseas Student** | Home | Overseas |
| **Do you have a student route (*formerly tier 4*) visa?** | Yes | No |
| **Programme of Study** | Click or tap here to enter text. | |
| **Year of Study** | Click or tap here to enter text. | |
| **UG/PG** | UG | PG |
| **DASS registered?** | Yes | No |
| **Academic Advisor (AA)** | Click or tap here to enter text. | |
| **Programme Director (PD)** | Click or tap here to enter text. | |

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| ***1b - Financial Details and Accommodation*** | | |
| **Are you in receipt of a student tuition fee and/or maintenance loan? \*** | Yes | No |
| **Are you in receipt of funding from the NHS LSF *(for eligible healthcare programmes)? \**** | Yes | No |
| **Do you live in university managed Halls/Accommodation? \*** | Yes | No |
| *\*Upon authorisation and completion of the interruption request, your student record will be updated, which will in turn update the student finance company, LSF, and the accommodation office (where applicable). However, it is your responsibility to ensure you update them of your change in circumstances, and that you have funding and/or accommodation in place in time for your return to study.* | | |

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| ***Section 2 – Interruption Request – to be filled in by student and PD/AA*** | | | | | |
| **What was / is expected to be your last date of attendance?** | | | Click or tap here to enter text. | | |
| **What is your expected date of return to study?** | | | Click or tap here to enter text. | | |
| **Return year/semester of study** | | | Click or tap here to enter text. | | |
| **Have you previously taken an interruption of study, e.g. in a previous year?** | | | Yes | No | |
| **Reason for interruption (*select all that apply*)** | | | Physical health  Mental health  Financial struggles  Work experience  Military Service  Maternity leave  Personal and/or family problems  Other (please give details below) | |  |
| **Please explain in full (below) your reasons for requesting an interruption of study** | | | | | |
| Click or tap here to enter text. | | | | | |
| **Before an interruption can be considered, you must provide supportive evidence *(e.g. medical evidence in the case of health conditions)*. Please confirm if this has been provided, along with brief details:** | | | | | |
| Yes | No | Click or tap here to enter text. | | | |

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| ***Section 3 – Interruption Approval and Declaration – to be filled in and signed by PD/AA, and signed by student*** | | |
| **Where the student is interrupting part way through the semester, please give details of any assessment marks to be carried forward, or expectations of the student when re-joining a unit(s) after returning from interruption** | | |
| Click or tap here to enter text. | | |
| **Is there any other information that the programmes and curriculum, student support and wellbeing, and/or assessment and progression teams need to be aware of?** | Click or tap here to enter text. | |
| **Does the student need occupational health clearance prior to their return?** | Yes | No |
| **Interruption request approved?** | Yes | No |
| **Staff Name** | Click or tap here to enter text. | |
| **Position** | Click or tap here to enter text. | |
| **Date** | Click or tap here to enter text. | |
| **Signature**  ***(Digitally sign or insert signature image)*** | Click or tap here to enter text. | |
| **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  I have read and understand the University [policy on Interruption of Study](http://documents.manchester.ac.uk/display.aspx?DocID=4780)  I have read and understand the [tuition fee implications](https://www.studentsupport.manchester.ac.uk/finances/tuition-fees/payments/interruptions-and-withdrawals/) of my interruption of study  I understand that the school will email me prior to my return from interruption and I will need to confirm my intention to return to study, and that failing to do so may result in my withdrawal from the programme | | |
| **Student Name** | Click or tap here to enter text. | |
| **Date** | Click or tap here to enter text. | |
| **Signature**  ***(Digitally sign or insert signature image)*** | Click or tap here to enter text. | |