**Application for an Interruption of Studies (PGR Students only)**

# You can use this form to apply for an interruption of studies. Before you apply, ensure that you have read the [Regulations](https://www.hud.ac.uk/registry/current-students/pgr/ext-inter/inter/) in full.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 1: Your Details | | | | |
| Student name: |  | | | |
| Student Number: |  | | | |
| School: | Select your school | | | |
| Degree: | Select your degree | | Mode: | FT  PT |
| Supervisor names: |  | | | |
| Are you here on a Student Visa?  If yes, you must complete Section 5 before the application will be considered by Registry. | | | | Yes  No |
| Are you a member of Staff?  If yes, you must complete Section 6 before the application is considered by Registry. | | | | Yes  No |
| Do you receive funding via: | | A bursary  A tuition fee waiver  A Research Council Studentship  N/A | | |
| What is your next assessment? | | Research Support Plan  PM1  PM2  Thesis Submission  Other: | | |
| What is the exact date that it is due? | | Select date | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 2: Your Interruption Request | | | | |
| On what date would you like the interruption to start? | | | Select date | |
| How many months do you want to interrupt your studies for? | | |  | |
| What is the reason for this interruption of studies? | | | | |
| Health reasons Maternity/Paternity/Adoption  Financial reasons  Internship/Placement  *Full time students only* |  | Bereavement Family/carer commitments  Work commitments  *Part time students only*  Other (please explain below) | |  |
|  | | | | |
| How has this issue impacted/continued to impact on your studies? | | | | |
|  | | | | |

|  |
| --- |
| Section 3: Your Evidence |
| You **must** provide evidence in support of your application. Please see our [evidence guide](https://www.hud.ac.uk/media/assets/document/registry/forms/pgr/SupportingEvidenceGuidanceForPGRs.docx) for assistance. |
| What evidence have you provided in support of your application? |
|  |

|  |  |  |
| --- | --- | --- |
| Section 4: Previous interruptions | | |
| Please provide details of any previous periods of interruption you have had | | |
| **Start of Interruption** | **End of Interruption** | **Total Number of Months** |
| Select date | Select date |  |
| Select date | Select date |  |
| Select date | Select date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 5: Confirmation from the Immigration & Compliance team (International Office)For International Students on a Student Visa only | | | | |
| Please read the [advice on the Immigration & Compliance team website](https://www.hud.ac.uk/international/immigration/during-your-study/changes-to-your-study/) and discuss with them the implications this interruption of study may have on your Student (or Tier 4) visa.  If you wish to proceed, please send this form to [immigration@hud.ac.uk](mailto:immigration@hud.ac.uk) for their signature. | | | | |
| Compliance Officer Name: | |  | | |
| Comments: | | | | |
| Signed: |  | | Date: | Select date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Section 6: Dean, Line Manager and Head of Department ApprovalFor Staff PGRs only | | | | |
| All staff PGRs must have their application supported by their Dean, Line Manager and Head of Department. We will accept confirmation of support by email if attached to your application submission, in lieu of signatures. | | | | |
| Dean: | |  | | |
| Signed: |  | | Date: | Select date |
| Head of Department name: | |  | | |
| Signed: |  | | Date: | Select date |
| Line Manager name: | |  | | |
| Signed: |  | | Date: | Select date |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 7: Student confirmation | | | |
| I understand that:   * If this application is approved, I will temporarily leave my programme of study and lose my registration status. * During the interruption period, I will not study and I will not receive supervisory support, although I will retain access to University IT facilities. * I am responsible for checking what effect this interruption of studies will have on any funding or sponsorship I receive, and my eligibility for Council Tax exemption. * If my return to study falls within the next academic session, the tuition fees I am charged may have increased. * If I have a Student Visa, I have spoken to the Immigration & Compliance team (International Office) before submitting this application and understand that it will affect my immigration status. | | | |
| Signed: |  | Date: | Select date |
| We accept electronic signatures if you send this form from your University email account. You do not need to print, sign and scan your form. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 8: Support of Main Supervisor | | | |
| Please provide a statement explaining why you support the interruption requested: | | | |
|  | | | |
| **Supervisor’s Name:** |  | | |
| **Signed:** |  | **Date:** | Select date |
| Once signed, please pass this form to the [School PGR Admin Support team](https://www.hud.ac.uk/registry/current-students/pgr/contacts/). | | | |