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**INTERRUPTION OF STUDIES REQUEST FORM**

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| PART A:REQUEST TO INTERRUPT / INTERMIT STUDIES **For completion by the student** | | | | | | | | | | | |
| **Important: Before completing this form, please ensure you have spoken to a member of staff about your request to interrupt studies.** | | | | | | | | | | | |
| Surname: |  | | | | | School: | | | |  | |
| First Names: |  | | | | | | | | | | |
| Programme*:* |  | | | | | Year of Study: | | | |  | |
| **On what date would you like the interruption to start?** | | | | | | | | | |  | |
| **On what date will you to return to study?** | | | | | | | | | |  | |
| Reason for requested interruption - please tick: | | | | | | | | | | | |
| Academic reasons | | | | | | | Medical | | | | |
| Personal | | | | | | | Parental/caring responsibilities | | | | |
| Financial difficulties | | | | | | | Job commitments/internship | | | | |
| Other - please specify: | | | |  | | | | | | | |
| Have you interrupted your studies before? | | | | | | | | | | | |
| No | | Yes (if yes, please provide details in your Supporting Statement below) | | | | | | | | | |
| **Dates of previous interruption:** | | | | | From: | | | | To: | | |
| Supporting Statement: Please explain why you wish to interrupt your studies: | | | | | | | | | | | |
| Please attach appropriate supporting evidence that supports your request to interrupt studies, and list all documents below (there is no limit on the number of documents you may provide and you can add further rows if you wish).PLEASE NOTE: All supporting evidence/documentation provided must be in English (or with professional translated accompanying documents). If you have any questions about this, please contact a Student Support staff member. *Please do not worry if you do not have written evidence, this is not required in all cases and can be discussed with a member of staff.* | | | | | | | | | | | |
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| **Student Declaration (please ensure you are able to tick all boxes before submitting your request):**  I confirm that I understand that requests to interrupt studies are at the discretion of Northern School of Contemporary Dance.  I confirm that I have spoken with a member of School staff before completing this form.  I confirm that the information I have given is correct to the best of my knowledge  I confirm that I understand the implications of interrupting from my current programme (including implications for resuming my studies).  I confirm that understand that if I hold a Tier 4 visa my interruption will be reported to UKVI. | | | | | | | | | | | |
| Student Signature: | | |  | | | | | Date: | | |  |
| Personal email address *\*this will only be used for contact regarding return to study* | | |  | | | | | | | | |

Thank you for completing Part A of this form.

Parts B and C of this form are for completion by your School.

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| ***Guidance on the consideration of a student’s formal request to interrupt studies***   * If this form is submitted without prior discussion with the School, only in exceptional circumstances will the School grant the formal request (made via this form) to interrupt studies.      * NSCD will determine whether documentary/other evidence is needed to support the request. This will be determined on a case by case basis. Documentary evidence may not be necessary in all cases (eg if there has been an ongoing dialogue with the student, or special circumstances). |

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| Part B:  SCHOOL CONSIDERATION OF REQUEST TO INTERRUPT / INTERMIT | | | | | |
| Date form was received by school: | | | |  | |
| Considerations (tick all that apply): The student has demonstrated circumstances that would prevent them from being able to properly engage in their studies and would reasonably require a period of interruption  The student has provided satisfactory supporting evidence for their request  **The student has satisfied the School that sufficient circumstances exist that would support this request for a period of interruption** | | | | | |
| The student has NOT satisfied the School that sufficient circumstances exist that would support this request for a period of interruption. **REASON (tick all that apply):**  The student has not provided satisfactory evidence and/or circumstances that would require an interruption of studies  The student has already exhausted the allowed period of interruption permitted by the academic regulations of the validating university  Other (please state): | | | | | |
| School decision: | | | | | |
| THE REQUEST IS SUPPORTED: | | | THE REQUEST IS NOT SUPPORTED FOR THE ABOVE REASONS | | |
| **Any further School information/comments** (eg need to refer into/continue student with Support Through Studies including consideration of any additional reasonable adjustments; information provided to or previously discussed with student/prior agreements regarding studies)**:** | | | | | |
| **Period of Authorised Interruption** | | | | | |
| **Start Date:** |  | | **End Date:** | |  |
| **Date SMS updated:** | | |  | | |
| **Name of staff member completing form:** | |  | **Decision co-authorised by** (name of senior member of School staff)**:** | | |
| **Signature of staff member:** | |  | **Date:** | |  |

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| Part C **RETURN TO STUDY INFORMATION** | | | |
| This part of the form is optional and may be used where necessary and useful. In order to manage the student’s return to study, it is recommended that you meet with the student to confirm what will happen with each of their modules. Meetings may be online/remote or in person, subject to any necessary School or wider restrictions or arrangements.  If a student has interrupted studies for medical reasons a medical note should be provided prior to enrolment. | | | |
| **What modules and assessments has the student already submitted/taken? The marks for these assessments will be carried forward.** (Please include module titles and module codes.) | | | |
| Repeat full year unless otherwise specified | | | |
| **What modules and assessments will the student need to complete when they return?**  (Please include module titles and module codes. Notes may be added against each module/assessment where it is helpful to add additional relevant information.) | | | |
| All unless otherwise specified | | | |
| This information has been agreed with relevant programme tutor(s) | **Name(s) of Tutors:** | | |
| Name of staff member completing Part C of this form: |  | | |
| Signature of staff member: |  | Date: |  |
| Signature of co-authorising senior member of staff: |  | Date: |  |