

**Request for Suspension of Studies**

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| Name  |  | Student ID |  |
| Programme title  |  | FT | PT |
| Address |  | Date of birth |  |
| Telephone number |  |
| Personal email |  |
| Programme Leader |  | Academic Year  |  |

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| Please indicate the date you wish to suspended your studies from |
| Date |  | Year (1/2/3) 20-- |  |
| Cohort |  | Semester |  |

**Please note:** The date you suspend can have a significant effect on the amount of money you may need to pay for your tuition fees and on the amount of any fee refund you may be eligible for. This applies to student receiving a Student Loans Company (SLC) Student Finance England (SFE) Tuition Fee Loan as well as to students paying their own fees.

If you are an international student on a Tier 4 visa, your visa status in the UK will be affected if you suspend.

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| Please indicate the date you will resume your studies.(Normally students should return to their studies at the point which corresponds with the point at which you suspend your studies) |
| Date  |  | Year (1/2/3) 20-- |  |
| Cohort |  | Semester |  |
| Please ensure you have sufficient time to complete within 5 years of the registration date for full time and part time students. |

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| Please indicate the reason for the suspension of studies request i.e. Maternity leave, ill health, financial, medical, employment etc.. |
| *Please keep the statement brief e.g Medical*  |

[ ]  I understand if I decide not to return to resume my studies I am required to inform the college. If I do not resume my studies by the agreed return date it may affect my ability to complete the qualification.

[ ]  I have sought academic advice from my Programme leader and discussed any fee or SLC/SFE funding issues.

[ ]  **International students in the UK on Tier 4 visas:** I understand that the College will notify the Home Office of my suspension of students. I have discussed the visa consequences of my suspension with the International Office.

[ ]  I understand if I do not resume my studies by the agreed return date it may affect my ability to complete the qualification.

[ ]  I understand my current programme of study may be subject to change in my absence.

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| Student (print name): |  |
| Signature: |  | Date: |  |
| Programme Leader (print name): |  |
| Signature: |  | Date: |  |
| Head of Curriculum (print name) |  |
| Signature: |  | Date: |  |

Please indicate outstanding modules for completion when study is resumed.

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| Module Title | Module code | Assessment type | Assessment attempt (1st /2nd attempt) |
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