

**Postgraduate Taught Programmes
Interruption Approval Form**

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

Section 1 – to be completed by the Student (Please PRINT)

Family Name:	Other Name(s):	Student Number:
Correspondence Address for contact during the period of interruption:		
Programme:		Year of Programme (if relevant):
Are you in Receipt of a Scholarship? YES NO		
If in Receipt of a Scholarship please indicate: Research Council / School / Other (please specify):		
Reason for Interruption Request:		
☐ Financial problems ☐ Health problems (<i>medical evidence must be supplied</i>) ☐ Other personal or family problems ☐ Employment		
Last Date of Attendance: dd/mm/yy		
Requested Interruption Dates: From: dd/mm/yy To: dd/mm/yy		
Supporting Documentation Attached: YES NO		Confidential Report Attached: YES NO
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 2 – Postgraduate Officer Use Only

This section should be completed when an interruption to a programme of study has been agreed following discussion with a student.

Family Name:	Other Names:	Student Number:
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I confirm that the above named student has discussed his / her circumstances with me and that I have agreed to an interruption to their programme of study from dd/mm/yy to dd/mm/yy.

Additional Comments:

Name (please print):

Signature:

Position:

Date: