APPLICATION FOR VOLUNTARY SUSPENSION

Please answer all questions.

REGISTRATION NUMBER: ________________________________

FACULTY: __________________________________________________________________________

SURNAME: ________________________________ FORENAMES: ________________________________

PROGRAMME OF STUDY: ________________________________ YEAR of STUDY: __________

STUDENT GUIDANCE: Please ensure the Head of Department/School or Course Adviser has completed Stage 1 (see over) before it is submitted to Student Business.

The final Honours Undergraduate year is taken as a whole, with teaching and assessment taking place during the one academic session.

<table>
<thead>
<tr>
<th>RETROSPECTIVE/FUTURE REQUEST</th>
<th>For the whole of current session</th>
<th>For the whole of session</th>
<th>For semester 1 of session</th>
<th>For semester 2 of session</th>
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</thead>
<tbody>
<tr>
<td>For the period .................. in session ...................</td>
<td>*please specify academic session (e.g. 2014/15)</td>
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It is my intention to return to my course of study in: ......................... (month / year)

Please provide exact last date of attendance: .................................

Please tick the box if you hold an Adult General Student Tier 4 Visa ☐

In support of this application I submit the following information:

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

I enclose the following documentary evidence in support of this application:

Medical Certificate ☐

Other (please specify) ........................................................................................................

Student's signature: ________________________________ Date: __________________

Before submitting an application for Voluntary Suspension students are recommended to discuss the academic and financial implications with their Course Adviser and the Student Financial Support Team. If you hold a Tier 4 Visa it is recommended that you discuss the visa implications with the International Student Support Team.
ACTION REPORT

Stage 1: To be completed by Head of Department/School or Course Adviser
The student named overleaf has applied for Voluntary Suspension for the period specified. Please indicate clearly if you support the application and include any conditions necessary.

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________

Signed: _____________________________ Date: ______________
Name: _______________________________ Tel Ext: ______________

Stage 2: To be completed by the Vice-Dean (Academic or Research)
I APPROVE / DO NOT APPROVE* the application for Voluntary Suspension (*delete as necessary).
A “fit to resume” certificate is required before re-registration YES/NO

Signed: _____________________________ Date: ______________

Some applications may be considered by the Board of Study.

Stage 3
Student Business will notify the applicant of the outcome and amend the student record as required. Departments/Schools of the University and any funding body or sponsor may also be notified.

Stage 4
Quantitative data will be collected and monitored on an annual basis for quality assurance purposes.

30/01/2017