Interruption of Study Application Form



Pleasecomplete **ALL** sections of this document as missing information may delay the processing of your application. Documentary evidence relating to your interruption of study must be submitted along with this form. All communication will be conducted through your **College email address**.

**Note**: where an application is not supported by a Return to Study Plan then the **panel** will determine a student’s options on their return.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student Details** | | | | | | |
| **Name:** |  | | | **Student No:** |  | |
| **Programme Title:** |  | | | **Occurrence:** e.g. (23/24) |  | |
| **Programme Leader:** |  | | | **Date:** |  | |
| **Current Level of Study:** |  | | | | | |
| **Circumstances** | | | | | | |
| **Please describe the nature and extent of your personal mitigating circumstances in support of your interruption application** | | | | | | |
|  | | | | | | |
| **Please explain how you believe that interrupting your studies will help you deal with your current circumstances** | | | | | | |
|  | | | | | | |
| **Please let us know if you have an action or support plans in place with your tutors or the HELM team** | | | | | | |
|  | | | | | | |
| **When do you wish to interrupt your studies?** | |  | **When do you intend to resume your studies?** | | |  |
| **Student Declaration** | | | | | | |
| I hereby confirm that the information is a true and accurate record and that I have read and understood the guidelines on Mitigating Circumstances. I also consent to share any information held by other departments within the College which may support this application (i.e. Learning Support Records). I accept that I have considered the financial implications of interrupting my studies and accept that my eligibility for student finance and other financial support may not continue during the period of interruption. | | | | | | |
| **Student Signature:** | |  | **Date:** | | |  |