If you wish to interrupt your studies, please complete all sections of this form and return it to the Graduate School (Trent Building 341), The University of Nottingham Ningbo China. Alternatively you can email it to [GraduateSchool@nottingham.edu.cn](mailto:GraduateSchool@nottingham.edu.cn). You should also ensure that you have contacted the finance office and are aware of any implications of this suspension

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| Section 1 – Your Details | | | | | | | | | | | | | | | | | | | | |
| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Date of Birth: | **d** | **d** | **m** | **m** | **y** | **y** | **y** | **y** | Student ID Number (see your ID card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Please **✓** your fee status:  ⬜ Home  ⬜ International | | | | | | | | |  | | | | | | | | | | | |
| Section 2 – Course Details | | | | | | | | | | | | | | | | | | | | |
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| Principal Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | School/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| Section 3 – Interruption Details(*Please note that interruption requests must always be made in advance of the interruption*) | | | | | | | | | | | | | | | | | | | | |
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| Last date of attendance on the above course: | | | | | | | | | | **d** | **d** | **m** | | **m** | **y** | **y** | **y** | **y** |  | |
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| Proposed date of return to the above course: | | | | | | | | | | d | d | m | | m | y | y | y | y |  | |
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| New expected completion date on the above course: DD MM YYYY (to be completed by GS) | | | | | | | | | | | | | | | | | | | | |
| Please provide medical evidence if your request is based on medical reasons. For other reasons, please provide your reason(s) for interrupting your study (You may attached further details and supporting documentation separately): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I have discussed my interruption with my supervisor (s) and they are aware of my interruption.  Student Signed: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |

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| Section 4 – Academic Approval by School/Department\* **To be completed after Sections 1 to 3 have been completed** I approve the request to interrupt study and confirm that the request complies with the policies outlined in the Quality Manual[[1]](#footnote-1). The student and other relevant Schools (where applicable) have been advised accordingly. Does the School require medical evidence to confirm that the student is fit enough to engage with academic study prior to the next period registration? Please tick below:  **Yes – School will request this**  **No – School will not request this**  Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Head of School/FOSE head of research group Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section 5 – International Office Advice (for overseas students only)\*\* On behalf of the International Office, I confirm that the student has been fully informed of the implications this interruption will have on his/her immigration status in China. The student has been told that the University may be obliged to report this interruption to local immigration office.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (On behalf of the International Office)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section 6 – Faculty Office The student’s information is correct and the form is complete.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (on behalf of the faculty office) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section 7- Graduate School Approval Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (by Head of the Graduate School)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*Academic Approval of this request does not mean that overseas students have the right to remain in China.  International Office advice should be followed.

\*\*International Office advice that an overseas student has the right to remain in China does not mean that Academic Approval has been given.  Your request will be processed and you will be informed of the outcome in writing by Graduate School.

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| **Graduate School use only:**  Academic Service Office notified ☐  Finance notified: ☐  Faculty Office notified: ☐  Checked and completed by (sign full name):  Date: |  |

1. http://www.nottingham.ac.uk/academicservices/qualitymanual/studyregulations/voluntary-interruption-of-study.aspx [↑](#footnote-ref-1)