If you wish to interrupt your studies, please complete sections 1 -3 of this form and submit the form to your School Faculty Office (Preliminary Year student/Pre-master student please submit to First Year Office). Once the request is approved, you will be informed by Academic Services Office.

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| **Section 1 – Your Details**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Postcode\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please **✓** your fee status: ⬜ Home ⬜ International ⬜ Exchange/Study Abroad  |
| **Section 2 – Course Details**School/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year of Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 3 – Interruption Details**Last date of attendance on the above course:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **d** | **d** | **m** | **m** | **y** | **y** | **y** | **y** |

Proposed date of return to the above course:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **d** | **d** | **m** | **m** | **y** | **y** | **y** | **y** |

New expected completion date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **d** | **d** | **m** | **m** | **y** | **y** | **y** | **y** |

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 attach further details and supporting documentations separately)Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Section 4 – School Consultation**To be** **completed after Sections** **1 to 3 have been completed**I confirm that I am aware of the request to interrupt study.Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (School/Department Nominee) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section 5 – Academic Approval by the Teaching and Learning Office**To be** **completed after Sections** **1 to 4 have been completed**I approve the above request to interrupt study and have considered this request in light of the procedures outlined in the Quality Manual[[1]](#footnote-1). The student has been advised accordingly. Does the University of Nottingham Ningbo China require medical evidence to confirm that the student is fit enough to engage with academic study prior to the next period of registration? Please **✓** below:⬜ Yes – the Academic Services Office will request this⬜ No – the Academic Services Office will **not** request thisSigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Vice Provost Teaching and Learning or Nominee) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Section 6 – International Office Approval (for international students only)On behalf of the International Office, I can confirm that the student has been fully informed of the implications this interruption will have on his/her visa status in China. The student has been told that the University is obliged to report this interruption to the relevant Chinese authorities at some point in the near future.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (On behalf of the International Office) Date: \_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Office use only** |  |
| Form complete [ ]  | Total duration of interruptions \_\_\_\_\_\_\_\_\_\_\_ |
| Saturn updated [ ]  | Evidence [ ]  |
| Notified student [ ]  | IO Advice (overseas only) [ ]  |
| Notified other departments [ ]  |  |
| List/MoE updated [ ] Duration of previous interruptions \_\_\_\_\_\_\_\_ |  |

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