# Application Form for Interruption and/or Repeat of Studies

**Faculty of Engineering and Physical Sciences**

**Undergraduate Students - Application Form for Interruption and/or Repeat of Studies**

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## A. Personal Details – to be completed by student

- **A1.** Family name
- **A2.** Other names
- **A3.** Registration Number
- **A4.** School
- **A5.** Degree
  - Award (e.g. BSc, BEng, MEng etc.)
  - Programme title (e.g. Mechanical Eng)
- **A6.** Year of first registration
- **A7.** Year on programme (i.e. 1, 2, 3, 4 or 5)
- **A8.** Requested date the interruption will start
- **A9.** Requested date the interruption will end
- **A10.** Any previous interrupts/ repeats
  - yes or no
  - if yes then please give a brief summary of reasons for previous interruption
- **A11.** Name of your academic advisor
- **A12.** Contact information during period of interruption
  - Address:
  - Telephone:
  - Email:

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Faculty of EPS Student Support Office, Room C55, Sackville Street Building
0161 306 5757
B. Reasons for Programme Interruption, and/or Repeat – to be completed by student

B1. Please describe, in full in your own words, the main reasons for requesting this interruption and/or repeat of programme

(continue on a separate sheet if necessary, or submit a separate signed letter, and attach any relevant supporting information)

B2. Please tick as many selections that apply to your reasons for interrupting your programme.

- Financial problems
- Health problems (medical evidence must be supplied)
- Personal or family problems
- Work experience
- Change of programme

Note to student:
You must have this form signed by your personal tutor/supervisor or other appropriate person who will arrange for Part C to be completed. The information supplied by you or your School will be treated as confidential but will need to be made known to those persons processing and adjudicating your application. Your School will provide any relevant information which will include a statement of your academic record. You should ensure you are aware of the implications of interrupting your programme and any financial consequences.

Declaration by student:
I confirm that the information I have given is correct to the best of my knowledge and that I fully understand the implications of the application that I am making.

Signed: ________________________________ Date: ____________________
C. School Information and Recommendation – to be completed by School

C1. School comments

(continue on a separate sheet if necessary, or submit a separate signed letter)

Please attach a full academic record of results in all course units so far attended (including resit attempts and the current academic year)

C2. Date of last attendance

Completed by: ________________________________ Date: ______________

Position: __________________________________________

print sign

Academic advisor: ________________________________ Date: ______________

print sign

Designated School authority: ________________________________ Date: ______________

print sign

When completed please send to: Dr. R. M. Thomas, School of Mathematics (Room 1.108, Alan Turing Building).

D. For Faculty use only

D1. Comments

D2. Decision

Faculty authority: ________________________________ Date: ______________