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| UoE_College of Med and Vet Med_CMYK_v1_small_040716_400pix | **INTERRUPTION or EXTENSION TO STUDY POSTGRADUATE TAUGHT REQUEST FORM** |  |

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| **INTERRUPTION OR EXTENSION TO STUDY START DATES CANNOT BE RETROSPECTIVE.**  **The total period of authorised interruption of study must not exceed 100% of the prescribed period of study. For Online Distance Learning Students the maximum period, unless exceptionally approved, will be 24 months. Any one period of authorised interruption of study must not exceed 12 months. The maximum total period of extension is 24 months.** |
| **Please ensure all completed documentation is signed by your Programme Director then sent to the Postgraduate Director for approval.**  Supporting information (such as letters from medical letters, letters from employers) should be attached as appropriate. |

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| **Type of Concession**  **(Extension/Interruption)** |  | | | |
| **School/Deanery Name** |  | | | |
| **Student’s Name** |  | **UUN** | |  |
| **Programme of Study** |  | **Qualification Sought** | |  |
| **Programme Start Date** |  | **Part-Time/Full-Time** | |  |
| **Current Year of Programme** | | |  | |

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| **Details of Concession Requested** | | | | |
| **Start of Concession**  **(1st Day of Month)** | **End of Concession**  **(Last Day of Month)** | **Total Months**  **(Whole Months Only)** | **Current Max End Date** | **Proposed Max End Date** |
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| **Details of Previous Concessions** (add rows if necessary) | | | | |
| **Type (Extension/Interruption)** | **Start of Concession**  **(1st Day of Month)** | **End of Concession**  **(Last Day of Month)** | **Total Months**  **(Whole Months Only)** | **Reason**  **(e.g. Financial)** |
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| **REASONS FOR CONCESSION** *(Space will expand with text)* | | | | | | | | | |
| Please provide a summary of the current progress with your studies.  For **Interruption** requests, You must supply relevant supporting information (medical certificate, letters from employers, etc.). Please include plans for contact with supervisors during the interruption and for graduated return to work.  For **Extension** requests, please include: (1) an explanation of the circumstances preventing submission within the normal maximum period, (2) details of the student’s work completed to date, and (3) a timetable to completion, including interim deadlines. | | | | | | | | | |
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| NOTES:   * Extensions beyond the maximum period of study may require additional payments for (i) matriculation and (ii) continuation. (PGT Students are not required to pay matriculation or continuation fees if they have been granted an extension) * Tuition fees are only adjusted for a period of interruption of more than three months. If you return to study in the next academic session, be aware that tuition fees increase every year. As such, you may be charged a higher fee on your return to study. Guidance is available at <https://www.ed.ac.uk/tuition-fees/policy/postgraduate-taught/interruption-study> | | | | | | | | | |
| **Supporting Document Type** | |  | | | | | | | |
| **Student Signature** | |  | | | | | Date |  | |
| ***Note for Tier 4 visa holders:*** *interruptions of study of 60 days or more require a new visa. Extensions may require a visa extension. Students should contact the Student Immigration Service for advice*: <https://www.ed.ac.uk/student-administration/immigration> | | | | | | | | | |
| **Tick for Tier 4 Status** | **Online Distance Learning**  (no visa required) | |  | **On campus, not Tier 4**  (no visa required) |  | **On campus with Tier 4**  (student must contact ISAS) | | |  |
| **Programme Director (PGT)** | | | | | | | | | |
| Name (Please Print) | |  | | | | | Date: |  | |
| Signature | |  | | | | |
| **School/Deanery Postgraduate Director** | | | | | | | | | |
| Name (Please Print) | |  | | | | | Date |  | |
| Signature | |  | | | | |

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| **Confirmation Concession Recorded in EUCLID** | | | | | |
| Signature |  | Name |  | Date |  |