**Application for Deferral**

On completion, this form should be returned to the Graduate Studies Office. All required sections and signatures must be populated prior to submission of the application.

1. **CANDIDATE DETAILS** (*To be completed by Candidate)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Candidate** |  | | | | |
| **Student ID Number** |  | | | | |
| **Date of Entry into the Research Programme** |  | **Current Registration Mode**  (please tick as appropriate) | | | Full-time ❒  Part-time ❒ |
| **Title of Award Sought**  (please tick as appropriate) | PhD **❒** MA **❒**  MBS **❒**  MEng **❒**  MSc **❒** | | | | |
| **School** |  | | | | |
| **Supervisor(s)** | **Principal/**  **Joint Principals** | | **Secondary Internal**  **(where relevant)** | **Secondary External**  **(where relevant)** | |
|  | |  |  | |

1. **DETAILS OF DEFERRAL REQUEST** *(To be completed by Candidate)*

|  |  |
| --- | --- |
| **Year of study to be deferred** | **Duration of Deferral** |
| Year 1 ❒ Year 3 ❒ Year 5 ❒  Year 2 ❒ Year 4 ❒ Year 6 ❒  Other Year (please indicate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 6 months ❒ 12 months ❒  Date of de-registration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Please state briefly, your reason for requesting deferral of place (attach evidence where relevant):** | |
|  | |

Please indicate below whether this request relates to a full academic year or Semester

1. **STUDENT DECLARATION** *(To be completed by Candidate)*

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| I hereby request that my place on the above programme, at the requested stage be deferred.  My expected date of return is (Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sign: \_\_ \_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:**  **Postgraduate Candidate** |

1. **PRINCIPAL SUPERVISOR(S) AND HEAD OF SCHOOL AGREEMENT**

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| Both Principal Supervisor(s) and Head of School (or nominee) must indicate their support for the student’s registration to be deferred by signing below:  Sign: \_\_ \_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:**  **Principal Supervisor(s)**  Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_  **Head of School or Nominee**  Countersignature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Where the Principal Supervisor is also the Head of School, a countersignature is required.  Note: Insert additional signature lines if required and identify the role of that person. |

1. **SCHOLARSHIP/GRANT**

|  |  |
| --- | --- |
| **Are you in receipt of a Scholarship / Grant?** | **Yes** ❒ **No** ❒ |
| **If yes, please provide details below:** | |
|  | |
| Deferral requests for those in receipt of a Scholarship/Grant must be signed by the Graduate Studies Office:  Sign: \_\_ \_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:**  **Head of Research** | |

**Please Note:**

During temporary cessation of registration, the student’s participation in the research programme is suspended and the student will not be entitled to supervision or to the use of the Institute facilities, including the library. Students who are internally or externally funded do not receive a stipend during the deferral period.

**Data Protection Notice**

Personal information that you submit to the Graduate Studies Office in connection with any service provision will be treated in accordance with the DkIT Data Protection Policy.