**UNIVERSITY OF ESSEX / TAVISTOCK AND PORTMAN NHS FOUNDATION TRUST**

**POSTGRADUATE RESEARCH STUDENTS**

**Intermission Form (Leave Of Absence)**

This form must be completed by students studying on a University of Essex validated course at the Trust who wish to intermit for a period of study. Students must seek approval from the contact at the Tavistock and Portman NHS Foundation Trust. Please return your completed form to [academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk). Once Trust permission has been granted, the signed form should be returned to Postgraduate Research Education (PGRE) Team for the Dean (or his or her Deputy) to approve.

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| **PART A: TO BE COMPLETED BY STUDENT** | | | | |
| **Current Academic Year** |  | | | |
| **Student Number** |  | | | |
| **Full Name** |  | | | |
| **Department/School** |  | | | |
| **Course Title** |  | | | |
| **Course Code** |  | | | |
| **Year/Stage of Study** |  | | | |
| **What will be/was the last date you attended prescribed instruction (lectures, tutorials, classes, supervisory meetings etc)?** | | |  | |
| **What is the main reason for your intermission? (please tick most relevant box)** | | | | |
| Study/academic issues | | Health/medical issues | | Domestic/family issues |
| Financial | | Personal | | Other |
| **Please provide a statement below setting out the reasons why an intermission is requested providing a summary of documentary evidence attached to this form to support the application.** | | | | |
|  | | | | |
| **Have you attached relevant supporting evidence?** | | | Yes  No | |
| **When do you propose to return from your period of intermission?** | | |  | |
| **Are you intending to return to the same course and year of study?** | | | Yes  No | |
| **If no, please provide details below.** | | | | |
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| **Intermission requests must be discussed with your course lead. Please indicate with whom you have discussed your situation.** | | |  | |
| If you are an **international student** and have a UK visa, it is very important that you are aware of the immigration rules and requirements that apply to you. Please ensure that you check what action you need to take and if you are able to remain in the UK. Depending on your immigration permission the University may have to report changes in your planned study to the Home Office. Immigration information is available on the University's website: <http://www.essex.ac.uk/immigration/studies/changes.aspx>  **Please tick this box to confirm that you have read and understood the immigration conditions.** | | | | |

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| **Signature** |  |
| **Date** |  |

**For information regarding intermission, please go to ‘taking a break’ on** [www.tavistockandportman.nhs.uk/education](http://www.tavistockandportman.nhs.uk/education) **website.**

**Please ask your department to sign this form and then you must return this form to** [**academicquality@tavi-port.nhs.uk**](mailto:academicquality@tavi-port.nhs.uk)

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| **PART B: DEPARTMENTAL APPROVAL** | | | | | | |
| **Are the dates provided by the student correct?** | | | | | | Yes  No |
| **Please confirm period of intermission below.** | | | | | | |
| **From** (DD/MM/YYYY) |  | | **To** (DD/MM/YYYY) | |  | |
| **Does this intermission involve an adjustment to the dates on the student’s record? (E.g. minimum or maximum period of study, standard period etc.)** | | | | | | Yes  No |
| **If yes, please provide details below.** | | | | | | |
|  | | | | | | |
| **Has the student completed all academic requirements of the current stage of study?** | | | | | | Yes  No |
| **What year of study will the student return to?** | | | |  | | |
| **Please provide any additional information relating to your decision to approve this request below.** | | | | | | |
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| **Name of Approver** | |  | | | | |
| **Signature** | |  | | | | |

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| **PART C: TO BE COMPLETED BY PGRE TEAM** | |
| **Are the dates provided by the student/department correct?** | Yes  No |
| **If no, please provide details below.** |  |
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| **Is this intermission subject to a medical return check?** | Yes  No |
| **Please provide details of any other relevant information below.** | |
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| **PART D: TO BE COMPLETED BY DEAN / DEPUTY DEAN** | | |
| **Do you approve this request?** | | Yes  No |
| **If yes, please specify any conditions that you wish to attach to the student’s return or any comments you would like to make;**  **If no, please provide the reason(s) for rejecting this request below.** | | |
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| **Name of Approver** |  | |
| **Signature** |  | |
| **Date** |  | |