

University of Nottingham Malaysia Campus Request to Interrupt Study Form

Before completing this form, please ensure you have read the Change of Circumstances procedure and policy on Voluntary Interruption of Study. You must ensure all relevant sections of this form is completed and signed before submission. You should also ensure that you have contacted the Finance Office and are aware of any implications of this suspension. The outcome of your application will be sent to you in writing from the Student Registry Office.

Section 1 - Your Details	
Student Name (First name, surname)	Student ID Number (see your ID card)
Fee Status (Home or Overseas)	
Section 2 - Study Details	
Career (e.g. Foundation, UG, PGT, PGR etc.)	Academic Load (e.g. Full or Part Time)
Course Title (Academic Plan Title)	Course Code (Academic Plan Code)
Student's School / Department	Year of Study (e.g. 1st year, 2nd year etc.)
Section 3 - Interruption Details	
The university does not automatically allow a student to engage in a period of repeat study on the same course. If you are requesting a period of repeat study, you are required to provide evidence of extenuating circumstances with this interruption form so that your request can be formally considered by your School.	
Last date of attendance on the above Academic Plan (Day, Month, Year):	
Proposed date of return to the above Academic Plan (Day, Month, Year):	
New expected completion date (Day, Month, Year):	

Reason(s) for interrupting your study: I confirm that the information I have provided in this form is correct and complete to the best of my knowledge. Student Signature Date (Day, Month, Year)

Section 3 - Interruption Details (continued)

Section 4 - Academic Approval by School/Department

To be completed only after Sections 1 to 3 have been completed

Does the School require medical evidence to confirm that the student is fit enough to engage with academic study prior to the next period registration? Please tick below:

Yes (the Student Registry Office will request this)

No (the Student Registry Office will not request this)

I approve the request to interrupt study and confirm that the request complies with the policies outlined in the Quality Manual. The student and other relevant Schools (where applicable) have been advised accordingly.

Supervisor (PGR Only):	
Full Name (First name, surname)	Supervisor's School/Department
Signature	Date (Day, Month, Year)
Supervisor's Comment (if any):	
Head of School / Nominee:	
Full Name (First name, surname)	Designation (e.g. Head of School, Dean etc.)
Signature	Date (Day, Month, Year)
Head of School/Dept. Comment (if any):	

Note: Academic Approval of this request does not mean that overseas students have the right to remain in Malaysia. Please seek advice from the International Office.

Section 5 - Other Approvals

To be completed only after Sections 1 to 4 have been completed

SPONSORSHIP OFFICE (For Sponsor Students Only)

If you are sponsored, this change may have implications for your funding. You are required to seek permission from your sponsor through Sponsorship Unit.

Are you currently funded by an officially r	recognised sponsor? Please tick below:
Yes	
No	
If yes, please give the name of your spor	nsor
Name of Sponsor	Reference number
On behalf of the sponsorship office, I confinterruption will have on his/her sponsorsh	firm that the student has been fully informed of the implications this nip.
Full Name (First name, surname)	Designation (e.g. Sponsorship Ass. Manager etc.)
Signature	Date (Day, Month, Year)
	firm that the student has been fully informed of the implications this interruption the Malaysia. The student has been told that the University may be obliged to
Approve	Reject
Full Name (First name, surname)	Designation (Manager, Visa Officer etc.)
Signature	Date (Day, Month, Year)

Note: Visa Office's advice that an overseas student has the right to remain in Malaysia does not mean that Academic Approval has

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been given.