



Student Deferral Request Form

The data you provide will be processed in accordance with the QMU Data Protection Policy available at <https://www.qmu.ac.uk/footer/foi-and-data-protection/data-protection/>.

Section A should be completed then submitted electronically to thinkingofleaving@qmu.ac.uk.
MAKE SURE YOU FIRST DOWNLOAD A COPY OF THE FORM BEFORE COMPLETING IT OFFLINE.

Please note:

- Deferrals **cannot** be awarded retrospectively. Students who have been unable to attend and/or have missed assessments should apply for [extenuating circumstances](#) instead.
- Students **must** read the [Student Deferral Procedure](#), discuss their application with their Programme Leader, and make supporting documentary evidence available to them **before** submitting the form. These documents do not need to be submitted with this request form but the Programme Leader must be able to confirm that they have seen them.
- International students studying on a Tier 4 student visa must also seek advice from the International Student Support Coordinator (email international@qmu.ac.uk) before completing this form. Any period of deferral will affect your Tier 4 student visa status.
- There may be changes to your programme during an approved period of deferral.
- A deferral of studies will normally be granted for a **maximum of 12 months**.
- **QMU Online Programme Students** only- Complete this form if you intend to defer for 6-12 months. For short-term breaks of 2-5 months, please request a 'Study Break' via your Student Success Coordinator (studentsuccess@online.qmu.ac.uk)

Section A – To be completed by the student

1. YOUR PERSONAL DETAILS	
Full Name	
QMU student number	
Current level of study	☐ L1 ☐ L2 ☐ L3 ☐ L4 ☐ Postgraduate
Mode of attendance	☐ Full time ☐ Part time
Programme	
Date of last attendance	

2. REASON FOR DEFERRAL	
Main reason for deferral	☐ Employment ☐ Financial ☐ Health ☐ Personal
Please provide details of your reasons for requesting a deferral in the box below.	

3. PROPOSED DURATION OF DEFERRAL

Please note that the maximum period of deferral allowed is 12 months only.

Start date	
End date	
Total duration	

4. I confirm that I have discussed my request for deferral with my Programme Leader.

SIGNATURE*	DATE

*Please type your name above. The University will consider the receipt of this form electronically, from your QMU student email, as being equivalent to a signature. Any email correspondence about your request will be sent to your QMU student email account.

Please submit the completed form by email from your QMU student email to thinkingofleaving@qmu.ac.uk

REMEMBER THAT YOU MUST FIRST SAVE A COPY OF THIS FORM ON YOUR COMPUTER BEFORE FILLING IT IN. ONCE YOU HAVE COMPLETED THE FORM ELECTRONICALLY, PLEASE SAVE A COPY WITH YOUR NAME IN THE TITLE, AND EMAIL IT AS AN ATTACHMENT FROM YOUR QMU STUDENT ACCOUNT TO thinkingofleaving@qmu.ac.uk

Section B - To be completed by the Programme Leader

This form should be typed and submitted electronically to thinkingofleaving@qmu.ac.uk

1. PROGRAMME LEADER'S NAME		
2. DO YOU APPROVE THE STUDENT'S REQUEST TO DEFER THEIR STUDIES? Please confirm if you approve the student's request and if you have seen any documentary evidence which supports their request. If you do not approve the request please outline the reasons for this.		
Approved	☐ Yes	☐ No
Supporting documentary evidence seen	☐ Yes	Date
Provide brief rationale in the box below if request is not approved.		
3. CONDITIONS OF DEFERRAL AND RETURN DATE Specify any special conditions of the deferral e.g. forthcoming changes to the programme which may impact on the student when they resume studies. For Health Sciences students with mandatory placements please outline any impact on clinical hours and how this will be addressed on return to studies. Deferrals are normally granted for a maximum period of 12 months and cannot be awarded retrospectively. Students who have been unable to attend and/or have missed assessments should apply for extenuating circumstances instead. If the student has deferred for medical reasons state if they will need to provide evidence of fitness to study before their return to the programme.		
Special conditions (if applicable)		
Agreed return date		
Medical evidence required on return	☐ Yes	☐ No
4. SIGNATURE*		DATE

*Please type your name above. We will consider the receipt of this form electronically, direct from you, as being equivalent to a signature.

DEFERRAL REQUEST FORM

The Thinking of Leaving Team will notify the student of the outcome of this request. A copy of the form will be sent to Academic Administration, Registry and any other relevant department e.g. Accommodation or the International Office, to ensure that the student's record is updated.

For use by the Thinking of Leaving team

Sent to Programme Leader	
Returned to TOL by Programme Leader	
Student notified of outcome	
School Office notified of outcome	
Other relevant departments notified	