

## **Suspension of Studies Form**

This form is to be used by students wanting to temporarily suspend their Higher Education studies at USP College, please see the USP College Higher Education Suspension of Studies web page for details on the full process.

SECTION A: (	to be completed	l by the student)

STUDENT DETAILS									
Surname:		Forename(s):							
Student Number:									
Programme:									
Year of Study (e.g. 1/2/3):									
Course Leader:	Course Leader:								
PRIMARY REASON FOR SUSPENSION (select one only)									
Financial	Employment difficulties								
Medical		Internship/P	lacement						
Personal/Family		Other reason	n – please give details:						
Parental/Maternity/Ac	loption								
Brief explanation:									
Last Data of Engagement		data							
Last Date of Engagement	Click or tap to enter a	date.							
Have you suspended	🗆 Yes 🗆 No	□ Yes □ No If yes, when?							
before?									
Date you wish to suspend	DD/MM/YY	Date you intend to	DD/MM/YY						
from? STUDENT DECLARATION		return?							
			· · · · · · · · · · · · · · · · · · ·						
_	es available on the USP Co	liege Suspension of Studie	s web page and I confirm that I						
<ul> <li>understand the following:</li> <li>the implications of suspending from my studies at the College</li> </ul>									
<ul> <li>the implications of suspending from my studies at the conege</li> <li>that I have discussed suspending my studies with my Course Leader</li> </ul>									
<ul> <li>that completion of this form does not release me from any accommodation contract I may have signed</li> </ul>									
<ul> <li>that I may be liable for a proportion of my tuition fees and that the College will inform Student Finance</li> </ul>									
England/Home Office (where appropriate) of my change in circumstances and that this may have									
implications for my finances and/or immigration status									
<ul> <li>that I will be notified by email once my request has been processed</li> </ul>									
			I have full intentions of returning to my studies on the intended date						
	of returning to my studie	s on the intended date							
	of returning to my studie		r tap to enter a date.						

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## SECTION B: (to be completed by the Course Leader)

Date received		Last Date of				Evidence used				
				Engagement		•	(to confirm engagement)			
Date		Click c	or tap to e	nter a date.	Date of		Click or tap to enter a date.			
suspensior	1		I		return					
from										
Will the stu	udent	be abl	e to comp	lete within	□ Yes		:			
their regist	ration	perio	d?		*If no please contact MIS to confirm eligibility					bility
If a mid-year suspension please detail modules/assessment to be completed upon student's return										
Module	Asses	ssment	t outstand	ing				Action to	be taken	
Code	Sequ	ence	Title			Deadli	ne	Close	Carry	Other (please
	(e.g. 0					date		off	Over	provide details)
	002 et	tC.)								
										-
Course Lea	Course Leader Declaration									
I have discu	ussed t	the im	plications	of suspension w	ith the stu	udent ar	nd co	onfirm the	dates of su	uspension as above.
				id-year we have						
modules/assessments to be completed upon their return and genuinely believe the student will return to										
complete t	heir qı	ualifica	ition.							
Name					DateClick or tap to enter a date.			o to enter a date.		
Role										
Course Lea	der									
Signature										



## SECTION C: (to be completed by the Head of HE)

Head of HE Declaration					
I support this student's request to suspend their studies and have completed the needed oversight.					
Head of HE Signature	□ Yes □	□ Yes □ No*			
	*If no please	*If no please provide details:			
		1			
Head of HE Declaration		Date	Click or tap to enter a date.		

## SECTION D: (to be completed by the USP College MIS Team)

MIS Declaration					
The following tasks have been completed and actioned					
Task List					
Head of HE Declaration		Date	Click or tap to enter a date.		