

Supportworks number (if applicable)

Application for intermission form

Visit the on-line Student Handbook on the Intranet for further guidance.

In advance of completing this form we strongly advise you to speak to the Student Adviser and your Academic Adviser or Programme Co-ordinator. A range of information, advice and counselling services are available and you may find support that can make a real difference to your current situation. **There may be financial implications arising from your decision.**

PLEASE NOTE: Retrospective Intermission will not be approved other than exceptionally with supporting documentary evidence by the Pro Vice-Chancellor.

Student Adviser: Tel: 01243 816238, Email: studentadviser@chi.ac.uk
Student Money Advice Service: Tel: 01243 806038, Email: stumoneyadv@chi.ac.uk
Student Counselling Service: Tel: 01243 816042, Email: stucounselling@chi.ac.uk

SECTION A: TO BE COMPLETED BY STUDENT

Name of student: Student number:

Title of programme: Year/level of study:

Home address and postcode: (This should be the address at which you can be contacted during your Intermission)

Mode of attendance: Full-time Part-time

Period of intermission requested: This must be a future full period of study, i.e. semester, term or year.

I wish to apply for intermission:

From: Semester/Term ____ 20____ Returning: Semester/Term ____ 20____

For the following reasons:

Family Financial Health Work Other

Module(s) registered for in this academic year:

Semester 1/Term: Please specify _____

Code:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Semester 2/Term: Please specify _____

Code:	Title:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Last date of attendance at University of Chichester:

____ / ____ / ____ (Please note that this date will be used by the Finance Department for billing purposes)

I can confirm I have returned all Library materials/media equipment/other equipment on loan to me

Student signature:

Signed:

Dated:

SECTION B: TO BE COMPLETED BY THE PROGRAMME CO-ORDINATOR

I recommend that this intermission: Is approved Is not approved

Conditions of intermission: NB: These must be non-academic conditions eg medical.

Comments

-
-
-
-

-
-
-
-

Signed:

Dated:

Name (Please print):

SECTION C: TO BE AUTHORISED BY HEAD OF ACADEMIC DEPARTMENT(S)

I confirm that this request is viable and that there will be appropriate subject studies for the student to return to:

This student is given permission to intermit: Conditionally Unconditionally

Head of Academic Department 1 NB: Signatures of both HOADs required for joint courses.

Signed:

Dated:

Name (please print):

Comments:

Head of Academic Department 2 (if required)

Signed:

Dated:

Name (please print):

Comments:

Please note: Once you have obtained the required signatures above, please return the completed form to Academic Registry, Bishop Otter campus and the authorising signature will be obtained in section D below if required.

SECTION D Only to be completed by Pro Vice-Chancellor if the intermission is retrospective and accompanied by a request to waive fees, with supporting documentary evidence.

Date of intermission

From:

To:

A. I authorise fees for this period to be waived

B. I have seen supporting documentary evidence

Pro Vice-Chancellor signature:

Signed:

Dated:

FOR OFFICE USE ONLY

SRS Updated

SLC Informed

CIR emailed

Visa check

Please note that it is the applicant's responsibility to obtain signatures for parts B & C and to keep a copy of this application