***COMPLETED FORM NEEDS TO BE SENT DIRECTLY TO THE GRADUATE SCHOOL***

**UNIVERSITY OF**

**ROEHAMPTON**

# RESEARCH DEGREES COMMITTEE

# APPLICATION FOR A TEMPORARY INTERRUPTION OF REGISTRATION

***Please copy in your school research degrees convenor when sending this completed form to the Graduate School for approval.***

Please type this form or complete it in black ink and in block capitals and, when signed please return it to the Graduate School

# SECTION 1: REGISTRATION DETAILS

**Programme:**

|  |  |  |
| --- | --- | --- |
| **MPhil** | **PhD** | **EdD** |
| **PsychD Forensic Psychology** | **PsychD Counselling Psychology**  **DTh Practical Theology** | **PsychD Psychotherapy & Counselling**  **PhD Prof Education** |

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**Date of Initial Registration:**

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| --- |
|  |

**Current registration expiry date:**

|  |
| --- |
|  |

**Name:**

|  |
| --- |
|  |

**Student ID:**

|  |
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|  |

**School:**

**Mode of Study:**  **Part-time**  **Full-time**

**Have you previously interrupted/ extended? Please state the periods below.**

**Are you in receipt of a scholarship/studentship? Please note, even if your funding has now finished, please do note the scholarship/studentship that you have been in receipt of during your time at Roehampton.**

**Title of research:**

### SECTION 2: SUSPENSION OF REGISTRATION REQUESTED

(Please note: periods of interruption will not normally be approved for more than 3 months in arrears)

**I wish to interrupt my registration for the following period(s):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | | 1st October 2023 to 31st December 2023 | | 1st January 2024 to 31st March 2024 | | 1st April 2024 to 30th June 2024 | | 1st July 2024 to 30th September 2024 | |
| **If the interruption is applied for on medical grounds, please indicate here. You should attach the medical certification and any other relevant documentation to the RDCom5 form in a sealed envelope. Medical certification will be treated as confidential and will be viewed by the Chair of the Research Degrees Committee. Medical certification must be passed to the Chair of Research Degrees Committee for approval.. Medical certification must be passed to the Chair of Research Degrees Committee for approval.**  **If the interruption is applied for on non-medical grounds, please give details below:** |
|  |
| |  | | --- | |  | |

For overseas students, the University must report any changes to mode of attendance to the relevant authorities (e.g. UKVI). If you are studying in the UK on a student visa, please flag this below. All cases will be checked. Please note, it is recommended that Tier 4 students do not request an interruption of study longer than **60 day*s* and that retrospective interruptions will not be approved.** Please ensure that you send the form to the immigration team at Roehampton, [immigration@roehampton.ac.uk](mailto:immigration@roehampton.ac.uk) and have it signed before submitting to the Graduate School.

|  |  |  |  |
| --- | --- | --- | --- |
| **Visa status:** | **Not required (Home)** | **Student visa/visitor visa (Overseas)** | **Not known** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **For office use only –** | | |
| Immigration Officer approval | Signed: | Date: |
| Printed: |

### SECTION 3: OUTLINE OF PROGRESS AND PROVISIONAL TIMETABLE FOR COMPLETION

*Please give an outline of your progress so far and your intended timetable for completion*

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| *Continue on a separate sheet if necessary* |

### SECTION 3: SIGNATURES

*We recommend that the candidate's registration be interrupted for the period requested and believe that the candidate has outlined a workable timetable for completion*

|  |  |  |  |
| --- | --- | --- | --- |
| Director of Studies | Signed: | Date: | Department: |
| Printed: |
| Co-Supervisor | Signed: | Date: | Department: |
| Printed: |
| Co-Supervisor | Signed: | Date: | Department: |
| Printed: |

### SECTION 4: GRADUATE SCHOOL APPROVAL

*The Graduate School approves this temporary interruption*

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| --- | --- | --- |
| Chair of the Research Degrees Committee | ***I confirm that medical certificates have been received if applicable*** | Date: |
| Signed: |
| Printed: |