# Alliance Manchester Business School

# Interruption Approval Form

This form should be completed where a request for an interruption to an undergraduate or postgraduate programme of study is sought. All information on this form is treated as STRICTLY CONFIDENTIAL.

Before requesting an interruption to your programme of study it is important that you consider the implications of interrupting. Help and advice can be obtained from the Student Support and Wellbeing team ([AMBS.Wellbeing@manchester.ac.uk](mailto:AMBS.Wellbeing@manchester.ac.uk)) in room 2.091 in the AMBS building, your Academic Advisor, or your Programme Director.

More widely within the University support is available from the University Counselling Service or the Students’ Union Advice Centre. Non-EU students on a student visa (formerly tier 4) should seek advice from the University’s Student Immigration Team [visa@manchester.ac.uk](mailto:visa@manchester.ac.uk) on any consequences of an interruption of studies.

**Section 1 – to be completed by the student.**

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| --- | --- | --- | --- | --- |
| Family name: |  | | | Student ID Number: |
| Other names: |  | | | |
| Degree: | Degree type (BSc, BA, MSc) | Programme title (e.g., Management (Marketing)) | | |
| Year of programme: | Enter 1st, 2nd, 3rd, PGT | | Please tick if your programme is with Industrial or Professional Experience | |
| Name of your Academic Advisor: |  | | | |
| Correspondence Address for contact during period of interruption: |  | | | |
| Contact telephone number and email address during period of interruption: |  | | | |

**Reason for Interruption Request:**

|  |  |
| --- | --- |
| Please describe, in full in your own words, the main reasons for your interruption of programme.    Continue on a separate sheet if necessary and attach any relevant supporting information. | Financial problems  Health problems (medical evidence must be supplied).  Other personal or family problems.    Supporting documentation attached.  Confidential Report attached. |
| Last date of attendance | DD/MM/YY |
| Requested Interruption Dates | Undergraduate  Full year Semester 2 (for 1 year)  Postgraduate  Full year Semester 2 (for 1 year) Semester 3 (Dissertation)  **Please note, you may need to discuss which option is best for you with the Student Support & Wellbeing Team.** |

**Are you in receipt of a Scholarship?**  Yes/No. **Are you in receipt of a Student Loan?** Yes/No.

**If in receipt of a Scholarship, please indicate:** School/Other (please specify).

**Do you require a Student Visa to study in the UK?** Yes/No.

**If so, have you sought advice from the University’s Visa Team before making this application?** Yes/No.

**Fees**

If you take a Leave of Absence from your course part way through the academic year, the Student Payments & Registration Team will recalculate the tuition fee for the year. Please see further information here: [further information regarding interruptions, withdrawals and tuition fees](https://www.studentsupport.manchester.ac.uk/finances/tuition-fees/payments/interruptions-and-withdrawals/).

**Student Declaration**

I confirm that the information I have given is correct to the best of my knowledge and that I fully understand the implications of interrupting my current programme of study. I confirm that during the period of interruption (if granted) I undertake to maintain appropriate contact with the School.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Once the form has been completed you must submit it along with your supporting documentation to:**

|  |  |
| --- | --- |
| **Student Support and Wellbeing Team**  [**AMBS.Wellbeing@manchester.ac.uk**](mailto:AMBS.Wellbeing@manchester.ac.uk)  **AMBS Hub telephone: 0161 529 3930**  **AMBS Building - room 2.091** |  |

**Section 2 – Programme Officer Use Only**

This section should be completed when an interruption to a programme of study has been agreed following discussion with a student.

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| I confirm that the above-named student has discussed his/her circumstances with me and that I recommend an interruption to their programme of study.  Additional Comments:  **Name (please print):**  **Signature:**  **Position:**  **Date:** |

**For office use only:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **­­­­­­­­­­­­­­­­­­**Received and Recorded by Programme Administrator.  Initials  Date | Campus Solutions updated.  Initials  Date | Programme Director notified.  Initials  Date | Admissions Team notified.  Initials  Date | Academic Advisor notified.  Initials  Date |