# **PGR Intermission Request Form**

If you would like to intermit from your studies please speak with the PGR Admin Team and your supervisors in the first instance. Intermission is only permitted during the Minimum Period of Registration (MPR) or the Continuation Period and not during the Discretionary Writing-up Period, though extensions may be applied for during this time.

**PLEASE READ THIS APPLICATION GUIDANCE BEFORE COMPLETING SECTION 1 OF THE FORM**

**Period of Intermission**

Intermission periods are granted in monthly units, which can commence at any point in the month. Intermissions cannot be in the past and it is the student's responsibility to ensure the request to intermit is made in good time to allow time for the relevant departments to make adjustments to tuition fee/scholarship/loan/accommodation billings.

**Financial Implications**

Tuition fees are suspended during periods of intermission and resume again on your return. The Income Office will be notified when the intermission is approved and will adjust the billing accordingly. If you are in receipt of a foreign loan or scholarship, please contact [foreignloans@kent.ac.uk](mailto:foreignloans@kent.ac.uk) or [scholarships@kent.ac.uk](mailto:scholarships@kent.ac.uk) for advice prior to submitting your application as intermission may affect your funding and/or loan payments. They will routinely be notified when the intermission is approved.

**University Accommodation**

If you are currently living in University accommodation, please contact [accomm@kent.ac.uk](mailto:accomm@kent.ac.uk) as being absent from your studies may affect your right to remain in University accommodation.

**Grounds and Evidence**

*Typically these can be:*

* Personal – e.g. family or personal reasons other than illness prevent you from continuing your studies
* Financial – e.g. your financial situation prevents you from continuing your studies
* Medical – e.g. illness or extenuating circumstances which have had a negative impact on your studies, interrupted your studies or caused absence

Evidence is compulsory for applications made on medical grounds and students are required to provide medical evidence before as well as confirming your fitness to return to your studies.

**Student Visa**

If you are attending on a UKVI student immigration arrangement, you are advised to contact [visacompliance@kent.ac.uk](mailto:visacompliance@kent.ac.uk) prior to submitting your application to ensure you are eligible to intermit. Students in receipt of the Student Visa (previously Tier 4) are only permitted to intermit for a maximum of 59 days. If an intermission exceeds this, the visa will be withdrawn and you will need to make new visa arrangements on your return. The Student Immigration Compliance Team will be notified and will contact you with further information.

**Additional Advice and Guidance**

Should you need any additional advice, please contact [Kent Union Advice Service](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fksu.co.uk%2Fhere-for-you%2Fadvice&data=05%7C02%7CA.J.Whiffen%40kent.ac.uk%7C1e5b1575a8794cb0c3b508dcaca47b38%7C51a9fa563f32449aa7213e3f49aa5e9a%7C0%7C0%7C638575069646230448%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=hK%2FaQdrKbMuSkpNA5%2FubbAKJjeQD5%2FKT2edwfKBg1O0%3D&reserved=0).

## Section 1 – to be completed by the Student

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name: |  | | Last Name: |  |
| Email Address: |  | | Kent ID No.: |  |
| School: |  | | Division: |  |
| Award: (eg MA-R/MSc-R/MPhil/PhD) |  | | Course Title: |  |
| Course Start Date: |  | | Course End Date: |  |
| Supervisor(s): |  | | Mode of Attendance: | Full-Time  Part-Time |
| Funder (if applicable): |  | | Student Visa (Previously Tier 4): | Yes  No |
| Intermission Start Date: |  | | Number of months intermission requested: |  |
| Reason for Intermission: |  | | | |
| List dates and reasons for any previous intermissions and/or extensions: | *DATES* | *REASON* | | |
|  |  | | |
| **Declaration:** *I confirm that all details and declarations given above are full and accurate and (if applicable) the supporting evidence is attached.* | | | | |
| Student: | e-signature:  Date: | | | |

## Section 2 – to be completed by the Supervisor

|  |  |
| --- | --- |
| Please comment on each element of the student’s statement in Section 1: | |
|  | |
| Declaration: *I have reviewed this proposal, and (if applicable) have considered the attached evidence. I confirm approval of the above student’s application to intermit* | |
| Supervisor: | Print name and e-signature:  Date: |

## Section 3 – to be completed by the Divisional Director of Graduate Studies

|  |  |
| --- | --- |
| Please comment on the application and state the period of intermission approved: | |
|  | |
| Declaration: *I have reviewed this proposal, and (if applicable) have considered the attached evidence. I confirm approval of the above student’s application to intermit* | |
| Divisional Director of Graduate Studies: | Print name and e-signature:  Date: |

## Section 4 – to be completed by the PGR Admin Team, should this request take the student beyond the maximum period to submit (5.5 years for full-time, 8.5 years for part-time)

|  |  |
| --- | --- |
| Actions: | |
| Approved by the Director of the Graduate and Researcher College (via SharePoint) | |
| PGR Admin Team: | Print name:  Date: |