|  |  |  |
| --- | --- | --- |
| College of Medicine and Veterinary Medicine | **INTERRUPTION or EXTENSION TO STUDY REQUEST FORM** | Date Received by College Office: |

|  |
| --- |
| **INTERRUPTION OR EXTENSION TO STUDY START DATES CANNOT BE RETROSPECTIVE.**  **The total period of authorised interruption of study must not exceed 100% of the prescribed period of study. For Online Distance Learning Students the maximum period, unless exceptionally approved, will be 24 months. Any one period of authorised interruption of study must not exceed 12 months. The maximum total period of extension is 24 months.** |
| **Please ensure all completed documentation is signed by your Principal Supervisor/Programme Director then sent to the Postgraduate Director for approval and then final approval is made by sending to:** College of Medicine & Veterinary Medicine, University of Edinburgh, The Chancellor's Building, 49 Little France Crescent, EDINBURGH EH16 4SB, [mvmpg@ed.ac.uk](mailto:mvmpg@ed.ac.uk)  Supporting information (such as letters from supervisors, letters from employers) should be attached as appropriate. |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Concession (Extension/Interruption): |  | | |
| School Name: |  |  |  |
| Students’ Name: |  | UUN: |  |
| Programme of Study: |  | Qualification Sought: |  |
| Programme Start Date: |  | Part-Time/Full-Time: |  |

|  |  |
| --- | --- |
| Current Funding Source (Self, MRC, BBSRC, College, etc.) |  |
| Has the Student ever been in receipt of support funding? (MRC, BBSRC, College, etc) |  |
| Does the Student require a Visa (International Office will advise)? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Details of Concession Requested** | |  |  |  |  |
| Start of Concession  (1st Day of Month) | End of Concession  (Last Day of Month) | | Total Months  (Whole Months Only) | Current Max End Date | Proposed Max End Date |
|  |  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of Previous Concessions** | | | |  |
| Type (Extension/Interruption) | Start of Concession  (1st Day of Month) | End of Concession  (Last Day of Month) | Total Months  (Whole Months Only) | Reason  (e.g. Financial) |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **REASONS FOR CONCESSION** *(Space will expand with text)* | |
|  | |
|
| **Supporting Information**: Extension cases must include (1) an explanation of the circumstances preventing submission within the normal maximum period, (2) details of the student’s work completed to date, and (3) a timetable to completion, including interim deadlines. Interruptions must supply relevant supporting information (medical certificate, letters from employers etc.) | |
| Supporting Doc Type: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature: |  | Date: |  |
| **Principal Supervisor (PGR)/ Programme Director (PGT)** | | | |
| Name (Please Print) |  | Date: |  |
| Signature |  |
| **School Postgraduate Director (PGR)** | | | |
| Name (Please Print) |  | Date: |  |
| Signature |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Authorisation from Postgraduate Office** | | |  |  |  |
| Signed: |  | Name: |  | Date: |  |