



# Authorised Interruption of Study Request

THE UNIVERSITY  
of EDINBURGH

## Application Process

Before completing this form, please discuss your application with your Personal Tutor, Programme Director, or Supervisor, who can help you to put together a proposed return to study plan. You should send the completed form via your University email account, along with any supporting evidence, to your Student Support Team or Graduate School Office.

## Sharing of Information

Schools/Colleges will only share information regarding your Authorised Interruption of Study request with staff who have a legitimate need to access the information in order to consider your case or to provide you with support in relation to the issues raised.

The Authorised Interruption of Study Privacy Notice can be found online at:

<https://www.ed.ac.uk/files/atoms/files/specialcircumstancesaisconcessionsloprivacynotice.pdf>

## Further Information

Further guidance can be found online at:

<https://www.ed.ac.uk/students/academic-life/study-interruption>

Taking an authorised interruption of study may have financial and visa implications. You are encouraged to speak with an advisor at the Edinburgh University Students' Association Advice Place who can provide independent advice about the potential implications of taking an interruption.

[https://www.eusa.ed.ac.uk/support\\_and\\_advice/the\\_advice\\_place/](https://www.eusa.ed.ac.uk/support_and_advice/the_advice_place/)

International students may also wish to speak with a member of staff at the International Student Advisory Service who can provide advice and guidance in relation to any visa implications which may arise as a consequence of taking an interruption.

<https://www.ed.ac.uk/global/student-advisory-service>

Student Surname		Student Forename	
School		UUN	
Programme of Study		Year of Study	
Proposed Interruption of Study Start Date	Click here to enter a date.	Proposed Date for Returning to Study	Click here to enter a date.
<i>Please select your reason(s) for requesting an interruption of study.</i>			
Health reason(s) <i>(mental or physical health problems)</i> <input type="checkbox"/>	Maternity/Paternity/ Adoption/Family Leave <input type="checkbox"/>	Extra-curricular pursuit <i>(e.g. elite sport)</i> <input type="checkbox"/>	Employment opportunity/Internship <input type="checkbox"/>
Financial circumstances <input type="checkbox"/>	Personal reasons <input type="checkbox"/>	Military Service <input type="checkbox"/>	Other <input type="checkbox"/>



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*Please provide further details of your reasons for requesting an interruption of study*

*Please list any evidence included in support of this application (e.g. medical certificate, statement from Personal Tutor/Supervisor, etc.)*

*Please outline your return to study plan*

## School/College Office Use Only

Received by		Date received	Click here to enter a date.
Details of previously approved interruptions of study (where applicable)			
Approved	<input type="checkbox"/>	Declined	<input type="checkbox"/>
Decision Maker			
Position		Date	Click here to enter a date.
Comments:			



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## Document control

Start date:	Date for next review:
If you require this document in an alternative format please email <a href="mailto:Academic.Services@ed.ac.uk">Academic.Services@ed.ac.uk</a> or telephone 0131 651 4490.	

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