**A picture containing graphical user interface

Description automatically generatedCentral School of Ballet**

**INTERMISSION OF STUDIES**

REQUEST FORM

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| PART A:REQUEST TO INTERMIT/INTERRUPT STUDIES **For completion by the student** | | | | | | | | | | | |
| **Important: Before completing this form, please ensure:**   * **That you have spoken to a member of School staff (e.g. the Senior School Manager) about your request to intermit studies, and** * **That you have read the Interruption of Studies Policy** | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | |
| First Names: |  | | | | | | | | | | |
| Course*:* |  | | | | | Year of Study: | | | |  | |
| **On what date would you like the interruption to start?** | | | | | | | | | |  | |
| **On what date will you to return to study?** | | | | | | | | | |  | |
| Reason for requested interruption - please tick: | | | | | | | | | | | |
| Academic reasons | | | | | | | Medical | | | | |
| Maternity/ paternity/ parental/ adoption leave | | | | | | | Personal/caring responsibilities | | | | |
| Financial difficulties | | | | | | | Job commitments/internship | | | | |
| Covid19/pandemic-related reasons - please specify: | | | |  | | | | | | | |
| Other - please specify: | | | |  | | | | | | | |
| Have you intermitted/interrupted your studies before? | | | | | | | | | | | |
| No | | Yes (if yes, please provide details in your Supporting Statement below) | | | | | | | | | |
| **Dates of previous interruption:** | | | | | From: | | | | To: | | |
| Supporting Statement: Please explain why you wish to interrupt your studies: | | | | | | | | | | | |
| Please attach appropriate supporting evidence that supports your request to intermit studies, and list all documents below (there is no limit on the number of documents you may provide and you can add further rows if you wish).PLEASE NOTE: All supporting evidence/documentation provided must be in English (or with professional translated accompanying documents). If you have any questions about this, please contact a Student Support staff member. | | | | | | | | | | | |
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| **Student Declaration (please ensure you are able to tick all boxes before submitting your request):**  I confirm that I understand that requests to intermit studies are at the discretion of the School.  I confirm that I have spoken with a member of School staff before completing this form.  I confirm that the information I have given is correct to the best of my knowledge  I confirm that I understand the implications of intermitting from my current course (including implications for resuming my studies).  I confirm that understand that if my intermission is granted and I hold a Student Visa, my intermission will be reported by the School to UKVI, and I will have to apply for a new Student Visa before I can return to resume my studies. | | | | | | | | | | | |
| Student Signature: | | |  | | | | | Date: | | |  |

Thank you for completing Part A of this form.

Parts B and C of this form are for completion by your School.

You may request a copy of the full completed form once you have received a decision from the School about whether your request for intermission has been granted.

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| ***Guidance on the consideration of a student’s formal request to interrupt studies***   * If this form is submitted without prior discussion with the School, only in exceptional circumstances will the School grant the formal request (made via this form) to intermit/interrupt studies.      * Central School of Ballet will determine whether documentary/other evidence is needed to support the request. This will be determined on a case by case basis. Documentary evidence may not be necessary in all cases (e.g. if there has been an ongoing dialogue with the student, or special circumstances). * Central School of Ballet may as relevant take into account previous correspondence and discussions regarding possible intermissions of study in the consideration of this request. * Where necessary, the School may pause consideration of this request to consult further with the student in person, and/or with any relevant staff member. Consultation with third parties will only be undertaken with the student’s consent unless the School’s Duty of Care overrides this. |

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| Part B:  SCHOOL CONSIDERATION OF REQUEST TO INTERMIT/ INTERRUPT  *(Staff authorising the request should ensure the form is forwarded to professional services staff as relevant.)* | | | | | | |
| Date form was received by school: | | | |  | | |
| Considerations (tick all that apply): The student has demonstrated circumstances that would prevent them from being able to properly engage in their studies and would reasonably require a period of intermission/ interruption  The student has provided satisfactory supporting evidence for their request  **The student has satisfied the School that sufficient circumstances exist that would support this request for a period of intermission** | | | | | | |
| The student has NOT satisfied the School that sufficient circumstances exist that would support this request for a period of intermission. **REASON (tick all that apply):**  The student has not provided satisfactory evidence and/or circumstances that would require an intermission/ interruption of studies  The student has already exhausted the allowed period of intermission permitted by the academic regulations of the validating university  Other (please state): | | | | | | |
| School decision: | | | | | | |
| THE REQUEST IS SUPPORTED: | | | THE REQUEST IS NOT SUPPORTED FOR THE ABOVE REASONS | | | |
| **Any further School information/comments** (e.g. need to refer into/continue student with Support Through Studies including consideration of any additional reasonable adjustments; information provided to or previously discussed with student/prior agreements regarding studies)**:** | | | | | | |
| **Period of Authorised Interruption** | | | | | | |
| **Start Date:** | |  | **End Date:** | |  | |
| **Is a Change of Circumstances Form Needed? Yes/No**  (complete box as applicable) | | |  | | **Date SMS updated:** |  |
| **Name of staff member completing form:** |  | | **Decision co-authorised by** (name of senior member of School staff)**:** | | | |
| **Signature of staff member:** |  | | **Date:** | |  | |

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| Part C **RETURN TO STUDY INFORMATION** | | | | | | | |
| This part of the form is optional and may be used where necessary and useful. In order to manage the student’s return to study, it is recommended that you meet with the student to confirm what will happen with each of their modules. Meetings may be online/remote or in person, subject to any necessary School or wider restrictions or arrangements. | | | | | | | |
| **What modules and assessments has the student already submitted/taken? The marks for these assessments will be carried forward.** (Please include module titles and module codes.) | | | | | | | |
| **Module Code** | **Module Title** | | | | | **Notes** | |
|  |  | | | | |  | |
| **What modules and assessments will the student need to complete when they return?**  (Please include module titles and module codes. Notes may be added against each module/assessment where it is helpful to add additional relevant information.) | | | | | | | |
| **Module Code** | **Module Title** | | | | **Notes** | | |
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| This information has been agreed with relevant course tutor(s) | |  | **Name(s) of Tutors:** | | | | |
| Name of staff member completing Part C of this form: | | |  | | | | |
| Signature of staff member: | | |  | Date: | | |  |
| Signature of co-authorising senior member of staff: | | |  | Date: | | |  |