

**REQUEST FOR INTERMITTENCE**

Student Registration Number:		Surname:	Forename(s):
Title of Programme:		Year of Programme:	
Contact Address:		Date of Birth:	
Contact Tel No:	Email Address:		

I wish to intermit with effect from: D D M M Y Y Y Y  
*(please state last date of attendance)* [ ][ ] [ ][ ] [ ][ ][ ][ ]

I wish to resume my studies on: D D M M Y Y Y Y  
*(please specify anticipated date of return)* [ ][ ] [ ][ ] [ ][ ][ ][ ]

*Nb. Intermitting policy states 'Intermitting is not an opportunity to repeat periods of study or assessment already undertaken'*

**Reason for intermitting:**  
 (Students/Trainees who would like to intermit for medical reasons should provide evidence)

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Modules already completed\*

Module No.	Year	Title	Date

Modules to be completed **after** returning\*

Module No.	Year	Title

\* Includes practice, assessment, coursework & school placement.

## Student Support Agreement with Course Tutor or Named Contact

**IMPORTANT:** It is the responsibility of the Student to remain in contact with the College during the period of intercalation, as agreed below.

<b>Course Tutor or Named Contact:</b>	
<b>Agreed channel of communication to be used:</b>  Telephone/Letter /Email  <i>(*circle as appropriate)</i>	<b>Frequency of contact agreed:</b> <i>(must be at least every 3 months)</i>
<b>Additional Information:</b>	

### Student Declaration:

<p>I confirm that the information on this form and any supporting evidence is true and accurate. I also understand that, prior to being allowed to resume my studies:</p> <ul style="list-style-type: none"> <li>• I will provide a medical certificate to confirm that I am in a fit state of health if I was granted a period of intermittence due to medical reasons</li> <li>• I will declare any criminal convictions obtained during the period of intermittence</li> <li>• I will complete a new DBS application if I originally required DBS clearance for my course</li> <li>• I will provide confirmation of funding to continue</li> </ul> <p>I have read and accept full liability for any withdrawal fee in accordance with the Colleges Fee Policy: <a href="http://www.shrewsbury.ac.uk/higher_education/he_policies">http://www.shrewsbury.ac.uk/higher_education/he_policies</a></p>	
<b>Signed:</b>	<b>Date:</b>

### Authorisation for Intermittence:

<p>I confirm that I have discussed fully with the Student any areas where he/she may experience problems when they return to study on the agreed return date in relation to module content and assessment. <i>I have read and understood the Policy and Procedure for Intermittence/Withdrawal and confirm that the Student is at an appropriate point within the programme to intermit.</i></p>
<b>Signed Course Tutor:</b>
<b>Endorsed by Curriculum Leader:</b>

Further advice and support and full details on the Intermittent Policy can be found at:

[http://www.shrewsbury.ac.uk/higher\\_education/he\\_policies](http://www.shrewsbury.ac.uk/higher_education/he_policies)