**Research Degree Programmes Exception Request: Temporary Withdrawal**

The School Postgraduate Research Committee (or equivalent), may permit students to temporarily withdraw for up to one year at a time, and normally up to a cumulative maximum of two years (see regulation 1.20 of the [Regulations for Students](https://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/General/RegulationsforStudents/)). Complete this form to request an extended period of temporary withdrawal, providing evidence of exceptional circumstances.

**Note**: The cumulative maximum period no longer includes periods of temporary withdrawal relating maternity, paternity or shared parental leave. This should be approved and recorded on QSIS at School level.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Student and Programme Details** | | | | | | |
| School: | |  | | | | |
| Degree Programme: | |  | | | | |
| Student Name: | |  | | | | |
| Student Number: | |  | | | | |
| **Student Record Information** | | | | | | |
| First Date of Registration: | | |  | | | |
| Cumulative Period of Registration: | | |  | | | |
| Cumulative Period of Previously Approved Temporary Withdrawal: | | |  | | | |
| Dates of maternity, paternity or shared parental leave, if relevant (note that this does not count towards the cumulative limit): | | |  | | | |
| Dates of COVID-19 Related Temporary Withdrawal, if relevant (note that COVID-19 related temporary withdrawals between 23 March – 30 November 2020 do not count towards the cumulative limit): | | |  | | | |
| Has the student been granted a previous concession to extend their Temporary Withdrawal period beyond the maximum? | | | Yes | No | | |
| If yes, please state the length of the concession granted: | | | |
| Registration Status:  ☐ Full-time ☐ Part-time ☐ Writing-up ☐ Graduation Only | | | | | | |
| **Concession Request**  **(To be completed by the student)** | | | | | | |
| Proposed Dates of Temporary Withdrawal: | | |  | | | |
| Outline the exceptional circumstances relating to the request: | | | | | | |
| ***This form will be shared with the School, the Quality Assurance and Regulations Team in Academic Affairs, and the Chair of Education Committee (Quality and Standards) (or nominee) in processing the request.*** | | | | | | |
| Student’s Signature: |  | | | Date: | |  |
| *Note for students: Please submit this form to your School for completion.* | | | | | | |
| **Supervisor Comments** | | | | | | |
| Recommendation by Supervisory Team | | | | | | |
| Principal Supervisor’s Signature: | | |  | Date: |  | |
| **School Checklist** | | | | | | |
| The School has received and reviewed evidence of exceptional circumstances that support the request for a further period of temporary withdrawal (*this should* ***not*** *be submitted with this request*) | | | | Yes | | |
| The student’s research will remain valid upon their return | | | | Yes | | |
| The School has the sufficient resources in place (including supervisory capacity) to support the student to completion on their return | | | | Yes | | |
| The School is confident that the student can complete their research to the required standard | | | | Yes | | |
| *Note if there is a concern regarding any of the above, the SPRC should discuss the request further with the student and supervisory team.* | | | | | | |
| **To be completed by the School if this is a retrospective withdrawal request:**  Note: A request for a fee waiver should be submitted separately to the Tuition Fee Liability Group ([withdrawals@qub.ac.uk](mailto:withdrawals@qub.ac.uk)) once this concession is approved and should be accompanied by documentary evidence supporting the student’s exceptional circumstances. | | | | | | |
| Please explain the reasons for this retrospective request and why it was not submitted in advance: | | | | | | |
| Was the student made aware that they had gone beyond the maximum cumulative period of temporary withdrawal? | | | Yes ​☐​ | No ​☐​  If not, please provide further details in the comment box below. | | |
| Any other comments: | | | | | | |
| **Endorsement** | | | | | | |
| Endorsed Dates of Temporary Withdrawal: | | |  | | | |
| Endorsed by Chair of School Postgraduate Research Committee (or nominee of Head of School)  Signature: Date: | | | | | | |
| *Note for School: Please return this form to the Quality Assurance and Regulations Team, Academic Affairs (*[*qar@qub.ac.uk*](mailto:qar@qub.ac.uk)*) for the consideration of the University’s Education Committee (Quality and Standards).* | | | | | | |

October 2025