**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 5 of the [Study Regulations for Research Degree Programmes](http://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/StudyRegulations/StudyRegulationsforResearchDegreeProgrammes/)). Complete this form to request an extended period of temporary withdrawal, providing evidence of exceptional circumstances.

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| **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 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 ☐ Thesis Only ☐ Graduation Only | | | | | | | | | | |
| **Concession Request** | | | | | | | | | | |
| Proposed Dates of Temporary Withdrawal: | | | | |  | | | | | |
| Outline the Exceptional Circumstances: | | | | | | | | | | |
| ***This form will be shared with the School, Academic Affairs, and the Vice Chancellor’s Office (or nominee) in processing the request.*** | | | | | | | | | | |
| Student’s Signature: |  | | | | | Date: | | |  | |
| Recommendation by Supervisory Team: | | | | | | | | | | |
| Principal Supervisor’s Signature: | | |  | | | | Date: | | |  |
| **Endorsement** | | | | | | | | | | |
| Endorsed Dates of Temporary Withdrawal: | | | |  | | | | | | |
| Endorsed by Chair of School Postgraduate Research Committee (or nominee of Head of School)  Signature: Date: | | | | | | | | | | |
| Check box to confirm that School has received & reviewed evidence of exceptional circumstances ☐ | | | | | | | | | | |

*Please return this form to Academic Affairs (*[*qar@qub.ac.uk*](mailto:qar@qub.ac.uk)*) for the consideration of the University’s Research and Postgraduate Committee.*