**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: |  |
| *Note for students: Please submit this form to your School for completion.* |
| **To be completed by the principal supervisor:** |
| 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 ☐ |
| *Note for School: Please return this form to Academic Affairs (**qar@qub.ac.uk**) for the consideration of the University’s Education Committee (Quality and Standards).* |