**Queen’s University Belfast**

**School of Medicine, Dentistry & Biomedical Sciences**

**Centre for Dentistry**

Permission Form for Intercalated Studies – 2018/19

Any student wishing to take a break in their undergraduate studies to undertake an Intercalated degree programme must complete the form below. Please ensure you discuss your plans for intercalating with Prof C Irwin before completing the form.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Year: \_\_\_\_\_\_\_\_\_\_\_

Student email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for year out:

Intercalating – Internally:

BSc Course

MRes/MSc Course

Intercalating – Externally Course

University

**PLEASE NOTE:** **After signing this form to confirm your intention to take a year out you will be withdrawn from the clinical allocations process for the academic year 2018/19.** If your plans subsequently change and you no longer wish to undertake this period of withdrawal then you must inform Mrs Helen Martin ([h.martin@qub.ac.uk](mailto:h.martin@qub.ac.uk)) as soon as possible.

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please ensure that you have met with Prof Chris Irwin (c.r.irwin@qub.ac.uk) to discuss your plans for intercalating and this application form is countersigned.***

Please confirm that this student has expressed an interest in taking time out from their undergraduate studies.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professor Chris Irwin

**On submission of this form, your academic record will be reviewed by Prof Burden, to assess your suitability to undertake an Intercalated year. You require permission from Prof Burden to undertake any intercalated course.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professor Donald Burden

All completed forms must be submitted to ***Mrs Helen Martin, School Office, Centre for Dentistry, by Friday 27 April, 2018***