**Queen’s University Belfast**

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

**Centre for Medical Education**

Permission Form for Year Out – 2018/19

Any student wishing to take a break in their undergraduate studies to undertake an Intercalated Degree, Masters programme or a Gap Year must complete the form below and have it signed by the relevant member of staff (see below).

All completed forms must be submitted to ***Mrs Perpetua Lewis, Student Support & Guidance Officer, Centre for Medical Education, Whitla Medical Building, by 29 March, 2018***

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

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

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

Reason for year out:

Intercalating – Internal (Contact: Dr Sean Roe, Centre for Biomedical Sciences, 1st Floor, WMB (s.roe@qub.ac.uk)

MRes/MSc/MPH (Contact: Postgraduate Office, School of Medicine Dentistry & Biomedical Sciences, 2nd Floor, WMB (pgoffice.smdb@qub.ac.uk)

Intercalating – External (initial enquiries to: Mrs Perpetua Lewis, CME, Ground Floor, WMB)

Gap Year (initial enquires to: Mrs Perpetua Lewis, CME, Ground Floor, WMB)

**PLEASE NOTE:** **After signing this form to confirm your intention to take a year out you will be withdrawn from the clinical allocations process for the academic year 2018/19.** If your plans subsequently change and you no longer wish to undertake this period of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 Perpetua Lewis (p.lewis@qub.ac.uk) ASAP. Whilst every effort will be made to identify clinical allocations for you this cannot be guaranteed and students who have indicated they intend to take a year out will not normally be able to swap or rank any clinical allocations which may be identified for them.

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

***Please ensure that you have met with the appropriate member of staff in Biomedical Sciences and/or the Postgraduate Office to discuss your plans for intercalating. Their signature is required below to complete this application:***

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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