

**Queen's University Belfast**  
**School of Medicine, Dentistry & Biomedical Sciences**  
**Centre for Medical Education**

Permission Form for Year Out – 2019/20

Any student wishing to take a break in their undergraduate studies to undertake an Intercolated 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, 2019**

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

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

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

Reason for year out:

Intercalating – Internal  (Contact: Dr Sean Roe, Centre for Biomedical Sciences, 1<sup>st</sup> Floor, WMB ([s.roe@qub.ac.uk](mailto:s.roe@qub.ac.uk)))

MRes/MSc/MPH  (Contact: Postgraduate Office, School of Medicine Dentistry & Biomedical Sciences, 2<sup>nd</sup> Floor, WMB ([pgoffice.smdb@qub.ac.uk](mailto: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**PLEASE NOTE: After signing this form to confirm your intention to take a year out you will be withdrawn from the clinical allocations process for the academic year 2019/20. 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](mailto: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: \_\_\_\_\_