RD5S (09/2018)

#

# **RESEARCH DEGREE: Application for Suspension of Studies**

*This form should be used to apply for approval to suspend the studies of a research degree candidate. This form must be word-processed and forwarded to Research, Innovation & Enterprise (via* *research.degree@solent.ac.uk**), who will make arrangements for the application to be considered by the Chair/Deputy Chair of the Research Degrees Committee (Academic Handbook Section 2R refers).*

***Note:*** *This form is designed to be completed electronically and will expand as necessary. Do not regard the ‘white space’ provided as a constraint on the appropriate length of any comments made.*

## PART A: THE CANDIDATE

|  |  |
| --- | --- |
| **1. Surname/Family Name:** |  |
| **2. First Name(s):** |  |
| **3. Student ID Number:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Hub:** | **BS** |  | **CDI** |  | **MTE** |  | **SHW** |  |

|  |  |
| --- | --- |
| **5. Date of registration:** |  |
| **6. Mode of Study:** | Full-Time |  |  Part-Time |  |
| **7. Level of Award:** | MPhil |  | PhD |  |
| **8. Expected end date:** |  |
| **9. Maximum registration end date:** |  |
| **10. Collaborating establishment(s):** |
|  |  |

## PART B: SUSPENSION OF REGISTRATION

|  |
| --- |
| **11. Period of suspension requested**  |
|  | **From:** |  |  **To:** |  |

|  |
| --- |
| **12. Reason for suspension** (Please attach supporting evidence where applicable): |
|  |  |

|  |
| --- |
| **13. Dates of any previous periods of suspension** (if applicable) |
|  | **From:** |  |  **To:** |  |

|  |  |
| --- | --- |
| **Signed by applicant:** |  |
| **Print Name:** |  | **Date:** |  |

**PART C: SUPERVISORY TEAM RECOMMENDATION**

|  |
| --- |
| **14**. We have considered the candidate’s reasons for the suspension, and we recommend that the registration period be suspended as shown above. |

|  |  |
| --- | --- |
| **Signed by DoS:** |  |
| **Print Name:** |  | **Date:** |  |

**PART D: RECOMMENDATION OF DOCTORAL HUB COORDINATOR**

**15.** On consideration of the candidate’s reasons for the suspension, it is recommended that the registration period be suspended as shown above.

|  |  |
| --- | --- |
| **Signed by Doctoral Hub Coordinator:** |  |
| **Print Name:** |  | **Date:** |  |

**PART E: APPROVAL RESEARCH, INNOVATION & ENTERPRISE**

|  |  |
| --- | --- |
| **Approved by Chair / Deputy Chair RDC:** |  |
| **Print Name:** |  | **Date:** |  |

**SOLENT UNIVERSITY**

#### **FOR OFFICE USE ONLY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACTION** | **DATE** | **BY WHOM** | **ACTION** | **DATE** | BY WHOM |
| **SUSPENDED ON QUERCUS** |  |  | **STUDENT FUNDING BODY NOTIFIED** |  |  |
| **SUSPENSION LETTER TO STUDENT and** **research.degree@solent.ac.uk** |  |  | INTERNATIONAL SUPPORT OFFICER NOTIFIED FOR OVERSEAS STUDENTS [NON EU/EEA]**migrant T4 Reporting/Mail-In Database** |  |  |
| **HESA UPDATED** |  |  |  |  |  |

**CREDIT DUE: Pro Rata**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **% & AMOUNT** | **DATE ACTIONED** | **BY WHOM** |
| **STUDENT**  |  |  |  |

**AUTHORISATION FOR CREDIT TO BE RAISED:**

***The person authorising MUST NOT be the same as person who actions the credit on system.***

**Is the credit value retrospective to reflect a date *earlier than date officially suspended YES/NO***

**If yes state reason................................................................................................................**

**……………………………………………………………………………………………………………………………………………………………………………………**

**Student Records Manager/Student Records Team Leader (or equivalent)**

**....................................... Date........................**