**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 1.20 of the [Regulations for Students](https://www.qub.ac.uk/directorates/AcademicStudentAffairs/AcademicAffairs/GeneralRegulations/RegulationsforStudents/) ). Complete this form to request an extended period of temporary withdrawal, providing evidence of exceptional circumstances.

**Note**: The cumulative maximum period no longer includes periods of temporary withdrawal relating maternity, paternity or shared parental leave. This should be approved and recorded on QSIS at School level.

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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 maternity, paternity or shared parental leave, if relevant (note that this does not count towards the cumulative limit): |  |
| 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 ☐ Writing-up (formerly ‘Thesis Only’) ☐ Graduation Only |
| **Concession Request** |
| Proposed Dates of Temporary Withdrawal: |  |
| Outline the exceptional circumstances relating to the request: |
| ***This form will be shared with the School, the Quality Assurance and Regulations Team in Academic Affairs, and the Chair of Education Committee (Quality and Standards) (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 and reviewed evidence of exceptional circumstances ☐ |
| *Note for School: Please return this form to the Quality Assurance and Regulations Team, Academic Affairs (**qar@qub.ac.uk**) for the consideration of the University’s Education Committee (Quality and Standards).* |

October 2024