

MIDDLESEX UNIVERSITY

INTERRUPTION OF STUDIES



Student Registration No:

Student Name: (capital letters please)

Surname:	Forenames:
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Programme:	Year of Study: <small>1/2/3?</small>	Last Date of Attendance
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I have checked my address on MISIS

Yes	No
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Student Loan Co SSN: (if applicable)

Expected Return Date

Reason for Interruption: (Please tick)

Change of Employment Status / Found Employment	Language Difficulties	University Life / Learning experience not what I expected
Content of Programme	Academic Difficulties	Social Life not what I expected
Family/Personal Obligations	Travel Issues	Transfer to another Institution
Insufficient Support from Employer	Homesick	Other, please specify
Financial Difficulties	Teaching experience not what I expected	

Do you have any resit/deferred assessment outstanding? (Please tick)

Yes	No
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*If YES, do you intend to complete this assessment during your absence

Yes	No
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*You will be expected to attend at the next available opportunity
 If NO, then any outstanding assessment will automatically be deferred until you return.

Prior to completing this form, have you discussed your decision to interrupt your studies with a member of staff, for example your Programme Leader or Subject Advisor

Yes	No
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Are you aware of any financial implications of your decision?

Yes	No
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Student's Signature: Date:

Authorised By: Date:
 Programme Leader or other authorised signatory