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**Form to be completed by a Postgraduate Researcher (PGR) who wishes to request permission for a suspension/extension of their studies**

Please read the SES webpage entitled [absences, suspensions and extensions](http://students.leeds.ac.uk/info/10124/during_your_research/914/absences_suspensions_and_extensions_of_your_research) of your research before completing this form

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| --- | --- | --- | --- | --- | --- |
| Last Name |  | First Name |  | ID Number (SID) |  |

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| **Do you wish to apply for a suspension or an extension to your studies?** (\* Please tick ✓ one box only) | Suspension\* | Extension\* |

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| **PGR supporting statement (please continue on a separate sheet if necessary):** |
| *(1) You should use this section to provide a summary of the nature of your difficulty* |
| *(2) You should use this section to describe how your difficulty affects your ability to progress your research (please give*  *examples)* |

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| **Length of suspension/extension requested**  *The length of suspension/extension requested should be reasonable in the sense that it bears close relation to the problem/difficulties you have experienced.* | Please state length here (eg one month): | | | |
| **Dates for suspension/extension**  *(suspensions can only be granted for whole calendar months starting on the 1st day and ending on the last day of the month)* | **Start date:** |  | **End Date:** |  |
| If this request is for a retrospective suspension of study please explain why it was not possible to make the request at an earlier stage (please note that suspensions cannot normally be backdated by more than one month): | | | | | |

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| If this request is for an extension of study made during your overtime period please state how much of your thesis is currently completed and how much additional work still needs to be done prior to submission (eg 80% completed, 20% not completed). Please attach a work plan for completion of your thesis within the requested extension period. |

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| **Evidence** *If the request is based on medical grounds you are required to provide a letter or certificate from a medical professional confirming your ill-health. For requests based on other reasons, please attach any supporting evidence you consider relevant (eg police report)* | Please list any supporting documents attached here |
| If you have requested medical evidence from your doctor (but this has not yet arrived) please state the date of the request and when the information is expected |  |

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| **Source of Funding/Name of Sponsor** *(please provide details)* |  |

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| **PGR declaration: (a)** *I hereby declare that all information provided on this form and associated documents is honest and accurate.*  **(b) For International PGRs in the UK with a Tier 4 (General) Student Visa who are applying for a suspension of study only**  The Tier 4 Sponsor Guidance states that if a student defers (suspends) their studies after they have arrived in the UK and is no longer actively studying, then their permission to stay is no longer valid and they must leave the UK.  By signing the declaration below I confirm my understanding that:   1. The University will report a suspension to my studies to the UKVI 2. The UKVI may in turn curtail my visa 3. I may be required to leave the UK 4. If I leave the UK, I will need to request a new CAS and apply for entry clearance before returning to the UK to resume my studies, and 5. I should seek immigration advice from the International Student Advice Team <http://students.leeds.ac.uk/#International-students>   PGR signature ………………..……………………………………………………… Date ………………………...  *Once you have completed this section of the form, please pass it to your Faculty Graduate School Office/School PGR Administrator.* |

***FOR COMPLETION BY THE SUPERVISOR***

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| **Supervisor’s comments on the suspension/extension request:**  (If the request is for an extension of study please also comment on whether the PGR’s assessment of the work still to be completed and the revised timescale for completion is accurate/achievable)  Signature of Supervisor ………………………………………………………………….. Date……………………….. |

***FOR COMPLETION BY THE DIRECTOR OF PGR STUDIES (previously known as the PGRT)***

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| --- | --- | --- | --- | --- |
| Director of PGR Studies comments:   |  |  |  |  | | --- | --- | --- | --- | | Director of PGR Studies recommendation: | Accept/Reject\* | Suspension/Extension\* | From:  To: |   Signature of Director of PGR Studies …………………………………………… Date……………………….. |

**\*** *please delete as appropriate*

**Please return the completed form to one of the following within your Faculty/School:**

* **Director of PGR Studies (previously known as the PGRT)**
* **Faculty Graduate School Office**
* **School PGR Administrator**

**July 2018**