**SECTION A - BASIC INFORMATION**

|  |  |
| --- | --- |
| STUDENT ID NO. |  |
| SURNAME |  |
| FIRST NAME |  |
| COURSE CODE |  |
| COURSE TITLE |  |
| COURSE START DATE |  |
| DEFERRAL DATE\* |  |

**\* PLEASE USE THE DATE A DEFERRAL IS BEING REQUESTED ON. DEFINITIVE DATE WILL BE DETERMINED BASED ON INFORMATION AVAILABLE FROM ATTENDANCE DATA, VLE DATA (IF APPLICABLE) AND ANY OTHER RELEVANT DATA SOURCES.**

**PLEASE COMPLETE YOUR REASON FOR DEFERRAL: (PLEASE ONLY SELECT ONE REASON)**

|  |  |
| --- | --- |
| HEALTH REASONS |  |
| FINANCIAL REASONS |  |
| OTHER PERSONAL REASON |  |
| UNAVOIDABLE ABSENCE E.G. REQUIREMENTS OF AN EMPLOYER |  |
| MATERNITY LEAVE |  |
| OTHER  |  |

**IF ‘OTHER’, PLEASE SPECIFY BELOW:**

|  |
| --- |
|  |

**When is the student expected to return, and which academic year will they be entering upon their return?**

|  |  |
| --- | --- |
| EXPECTED AGREED RETURN DATE | RETURNING COHORT ACADEMIC YEAR |
|  |  |

**SECTION B - STUDENT DECLARATION**

**Please complete the below before submitting this form.**

*I, the undersigned, have fully understood all the implications of deferring from my course (academic, financial, regulatory and immigration) and I have discussed this with the appropriate staff member.*

*I understand that I may defer with the following consequences:*

* *The result of any module that has been completed (either pass or fail) will be retained.*
* *The result of any module that has not been completed (for example, there has not been an attempt made on the final assessment of the module) will not be retained.*
* *If attempts at all assessment components have been made, but the final outcome of the module is still pending (e.g. due to resits or mitigation), I will continue with any resits and/or mitigation when I return from deferral.*
* *Any repeated module will not be capped nor treated as a retake attempt.*

*I acknowledge that I must return on the agreed return date (as aforementioned on this form) and that if I fail to do so, I may not be permitted re-instatement on the course by UWL and/or the partner institution (subject to placement capacity/availability). I give permission during my deferral period to be contacted via my personal email address in order to receive important course information.*

STUDENT FULL NAME: ………………………………………..

STUDENT’S SIGNATURE: ………………………………………..

DATE: ………………………………………..

**SECTION C - PARTNER AUTHORISATION**

**Please agree to the below statement:**

*I, the undersigned, have made every effort to advise the student about any financial, regulatory, academic and immigration implications of their deferral:*

PARTNER STAFF NAME: ………………………………………..

JOB TITLE: ………………………………………..

SIGNATURE: ………………………………………..

|  |  |  |  |
| --- | --- | --- | --- |
| DATE OF APPROVAL: |  |  | **PARTNER OFFICIAL STAMP** |
| DATE SENT TO UWL: |  |  |
| NAME OF PARTNER INSTITUTION: |  |
| STAFF NAME (IF DIFFERENT TO THE ABOVE): |  |
| JOB TITLE (IF DIFFERENT TO THE ABOVE): |  |

**ANY OTHER IMPORTANT IMFORMATION:**

|  |
| --- |
|  |

\*Academic and finance regulations around student changes of circumstances can be found on the UWL policies webpage: [Policies and regulations | University of West London (uwl.ac.uk)](https://www.uwl.ac.uk/about-us/policies-and-regulations)